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presentation begins

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North Dakota Department of Health
HIV • STD • TB
VIRAL HEPATITIS PROGRAM

Lunch and Learns

The HIV/STD/TB/Hepatitis Program and the Dakotas AIDS Education and Training Center (DAETC) conduct monthly Lunch and Learn Webinars for health care professionals in North and South Dakota.

Each month a new topic will be held from 12:00 p.m. to 1:00 p.m. CST on the **fourth Wednesday of the month.**

4/25/2018



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<https://www.ndhealth.gov/hiv/Provider/>

For questions or comments contact:

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HIV, STD, TB, and Viral Hepatitis 2017 Data for the Dakotas

Presented by:

Shari Renton, HIV.STD.TB.Viral Hepatitis Surveillance Coordinator
North Dakota Department of Health

Amanda Gill, STD Director
South Dakota Department of Health

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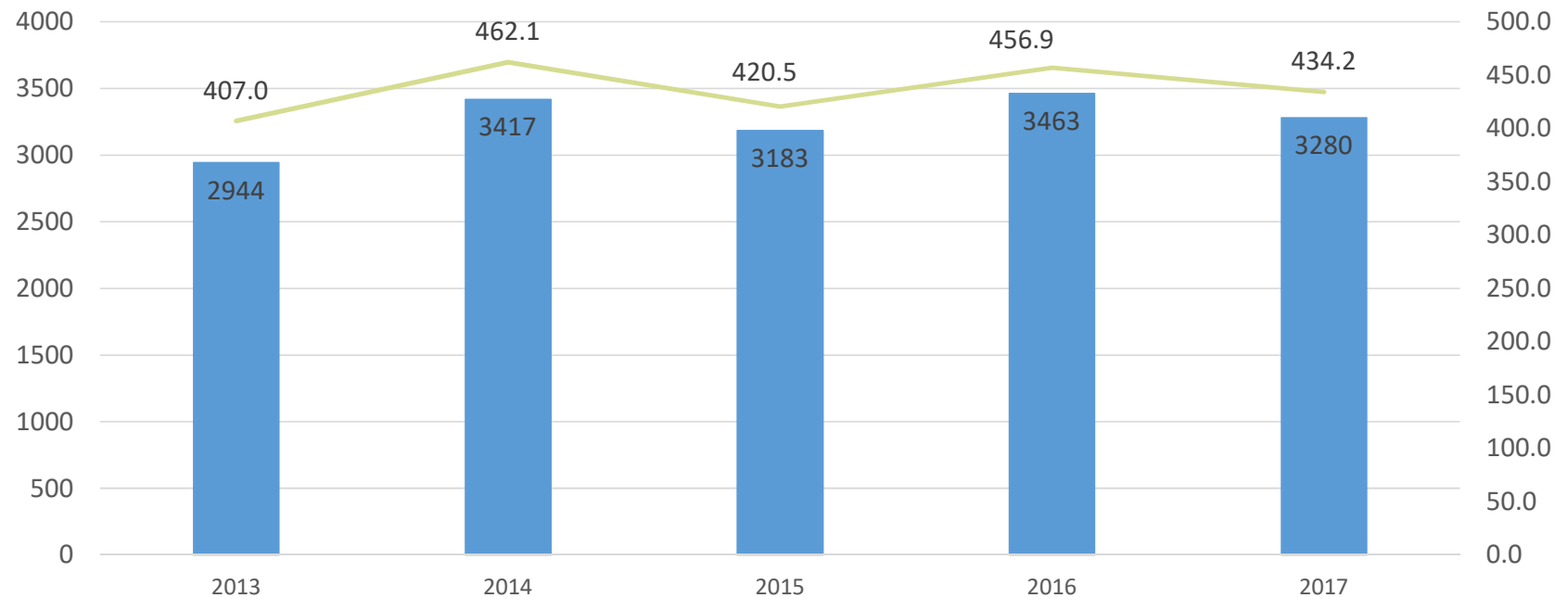
North Dakota Department of Health
HIV • STD • TB
VIRAL HEPATITIS PROGRAM

2017 HIV.STD.TB.VIRAL HEPATITIS Surveillance Data



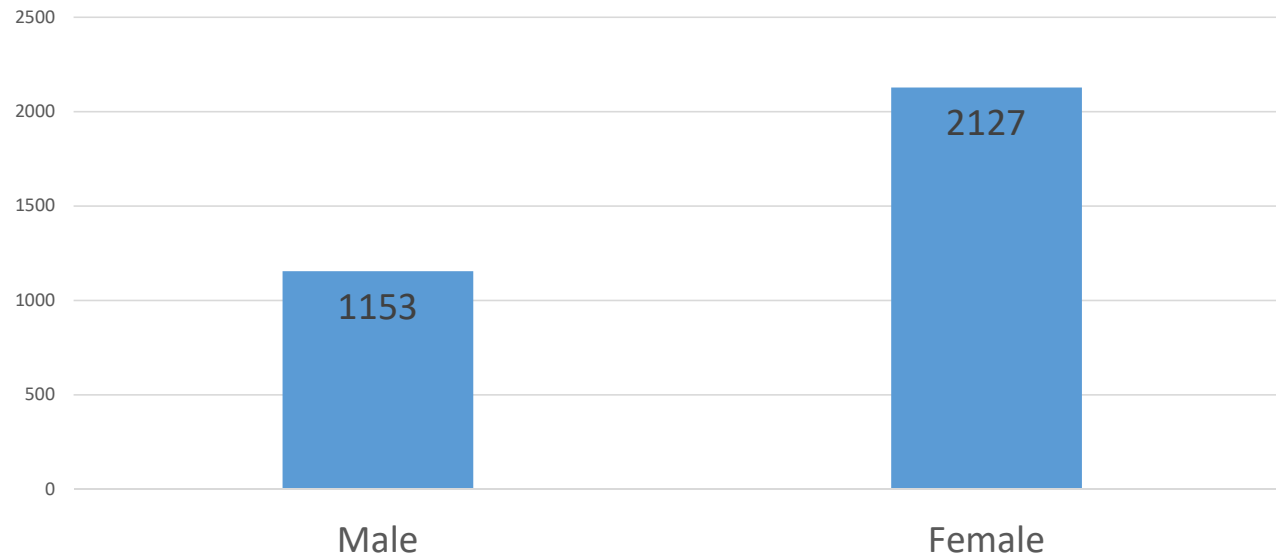
CHLAMYDIA

Chlamydia infections decreased 5.3% in 2017



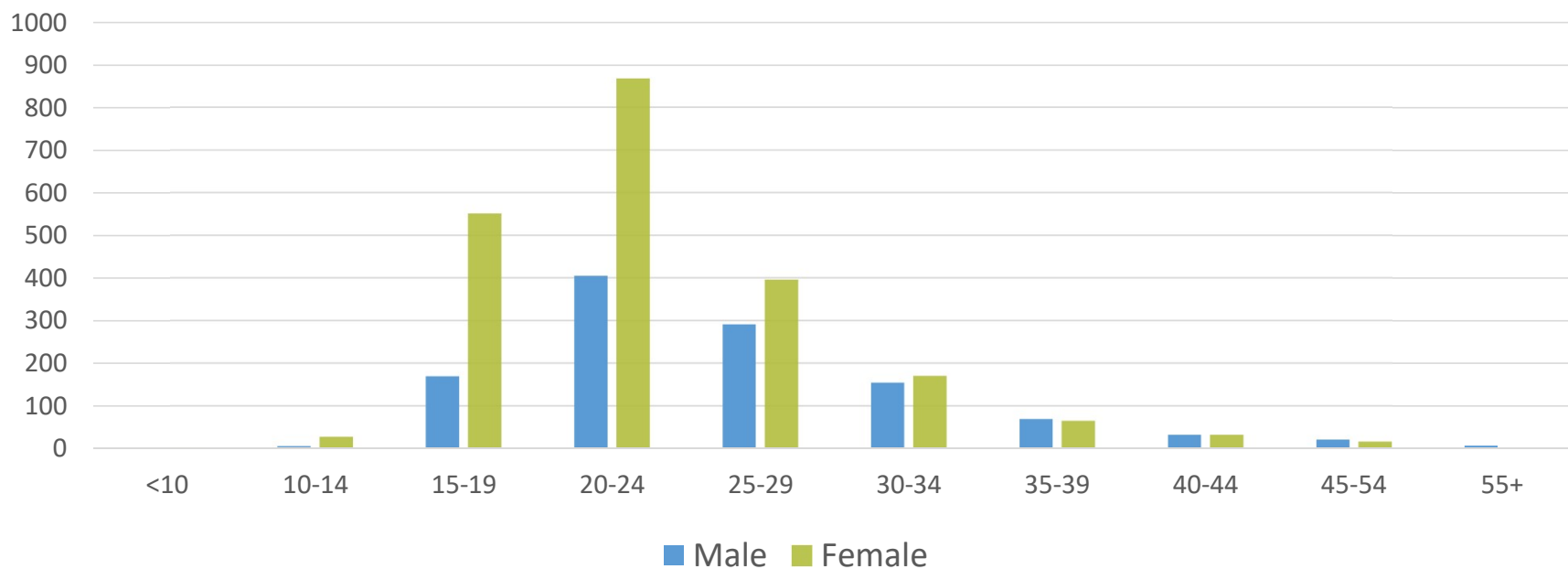
Source: NDDoH Division of Disease Control

65% of chlamydia cases were female



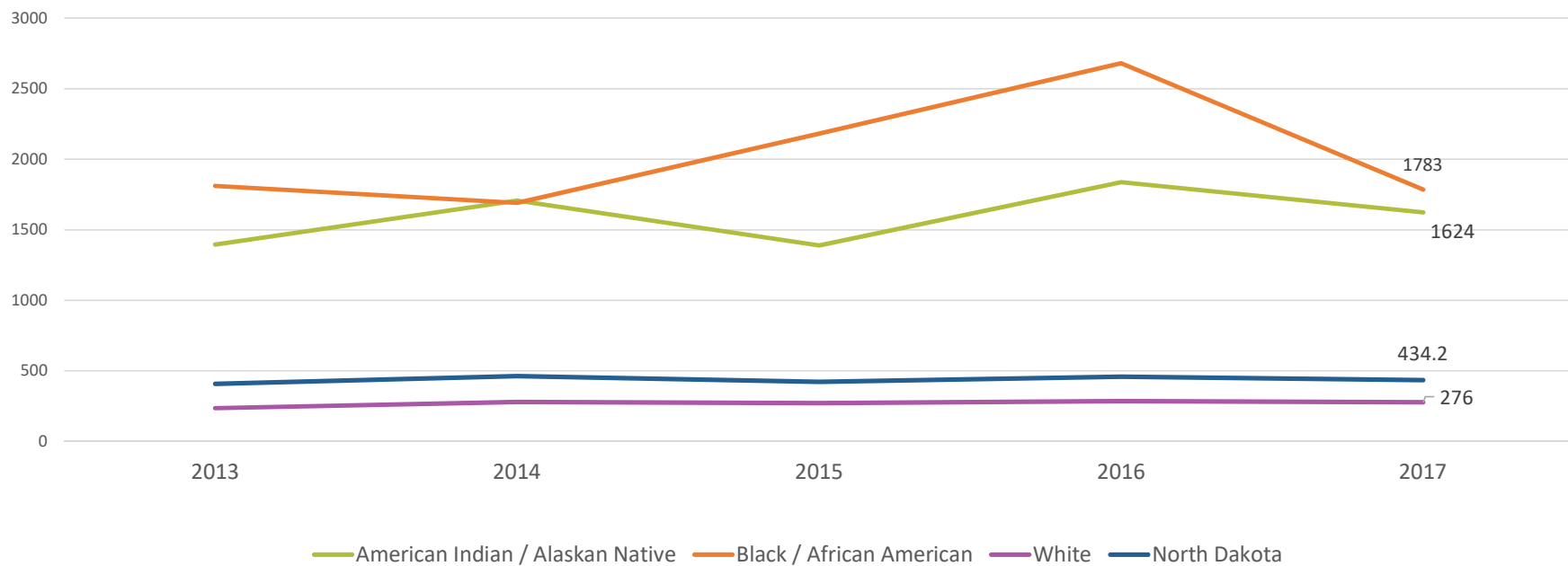
Source: NDDoH Division of Disease Control

61% of chlamydia infections were between 15-24 years old



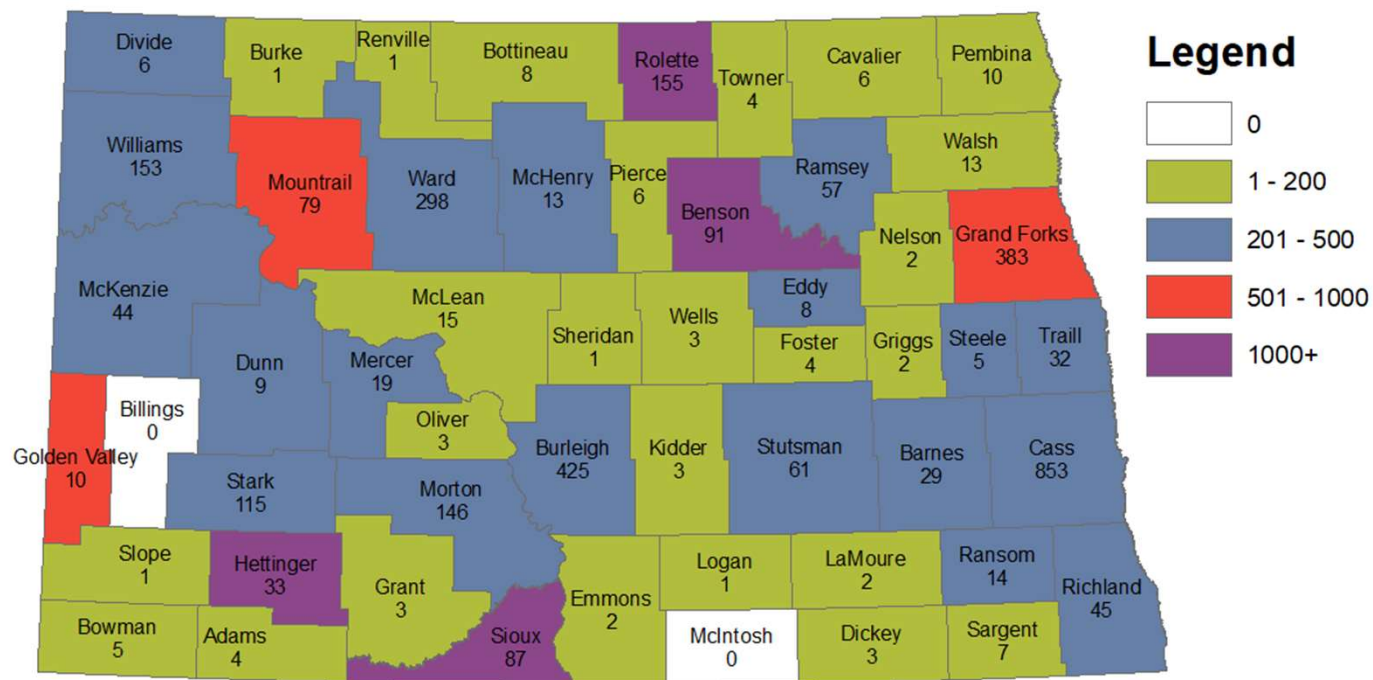
Source: NDDoH Division of Disease Control

All races saw a slight decrease in chlamydia rates in 2017



Source: NDDoH Division of Disease Control

Sioux County reported the highest chlamydia rate in 2017 – 1988 cases per 100,000



Chlamydia Statistics

27% of cases were symptomatic

33% of cases were tested for HIV

Risk factors of cases interviewed (784)

- **6%** report injection drug use
- **30%** report having sex while high/intoxicated
- **9%** report having sex with an anonymous partner

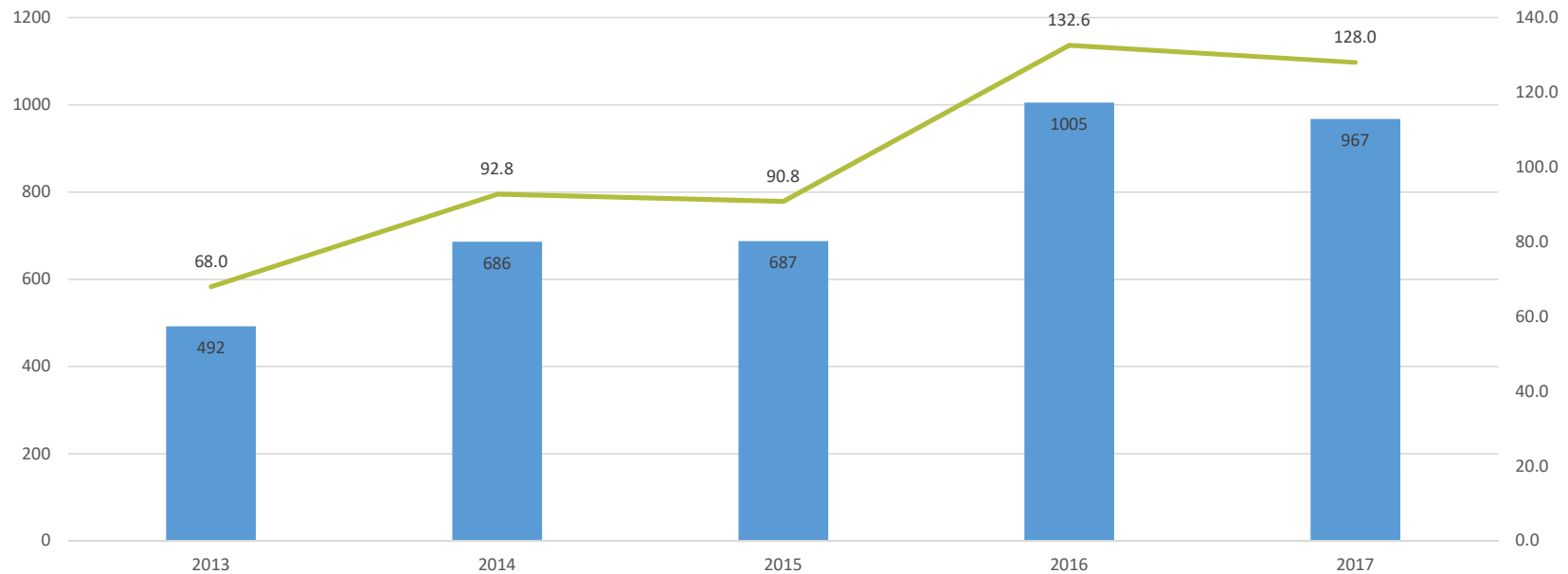
Three Site Testing NDPHL Data

40% of oral chlamydia would have been missed if only urine was collected

84% of rectal chlamydia would have been missed if only urine was collected

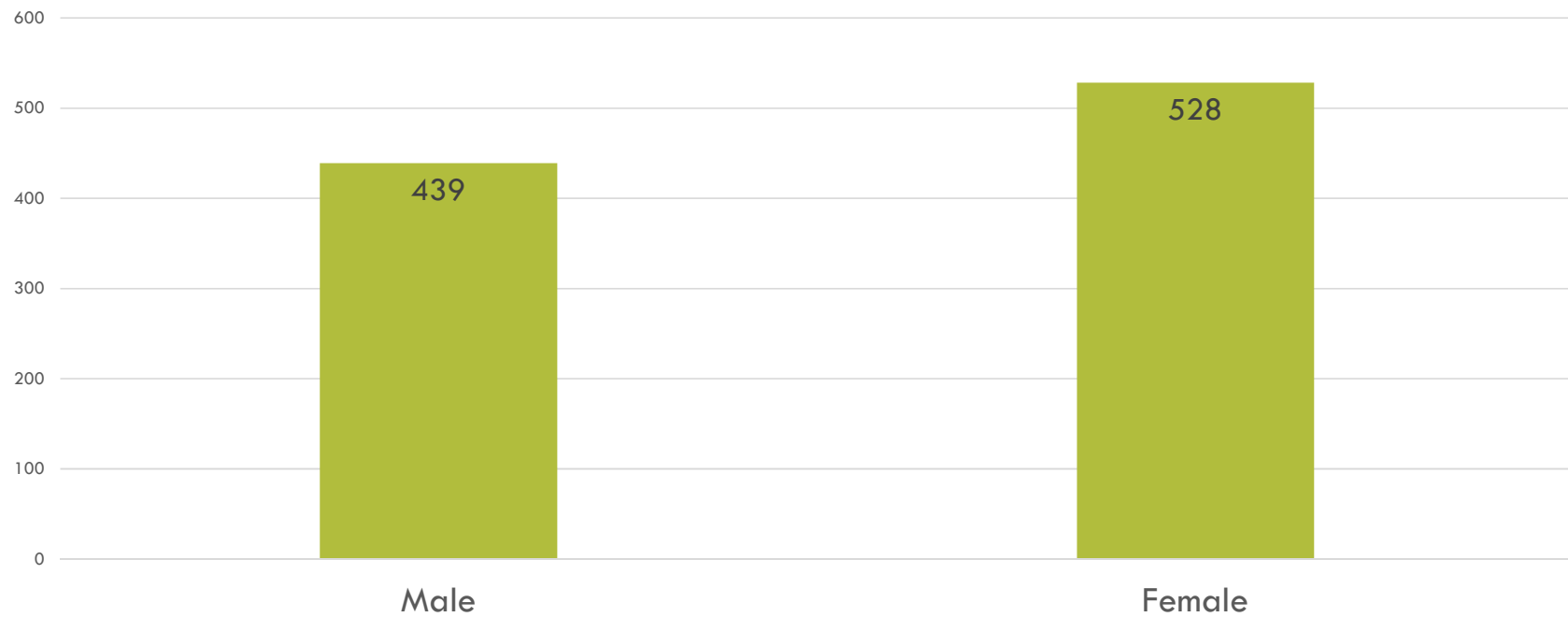
GONORRHEA

Gonorrhea infections decreased 3.8% in 2017



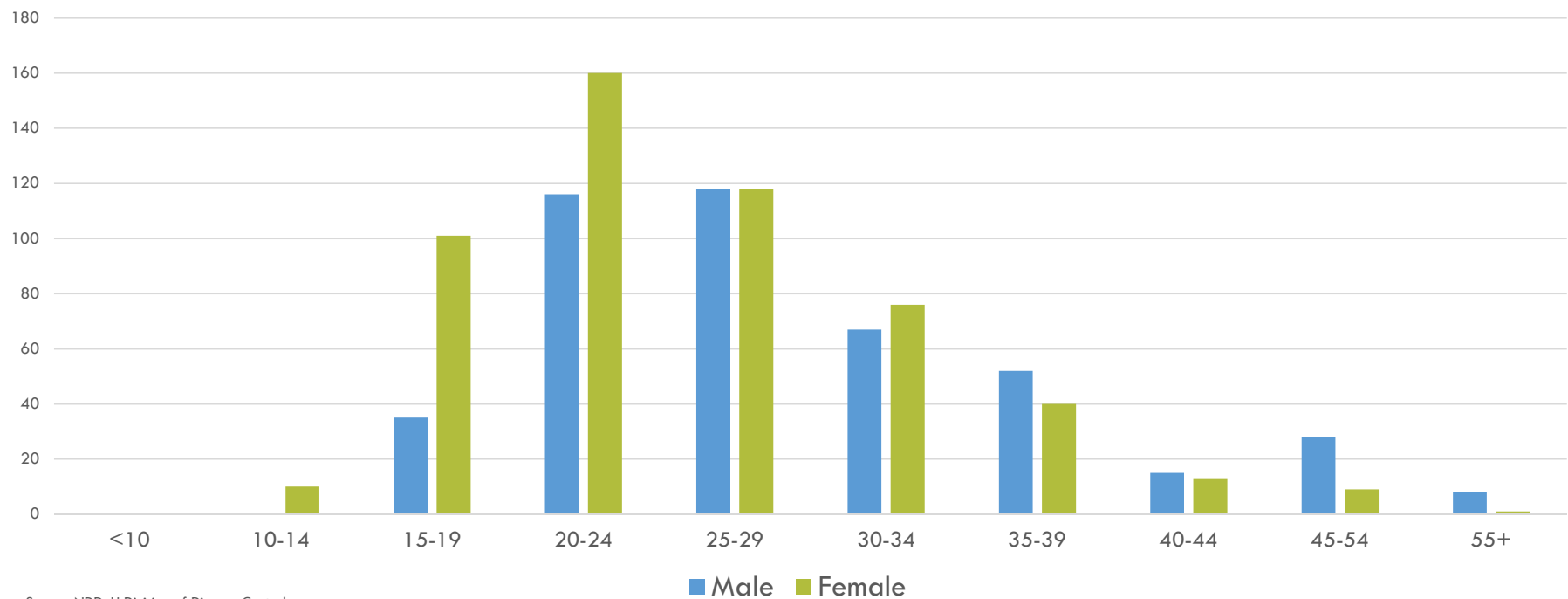
Source: NDDoH Division of Disease Control

55% of gonorrhea infections were female



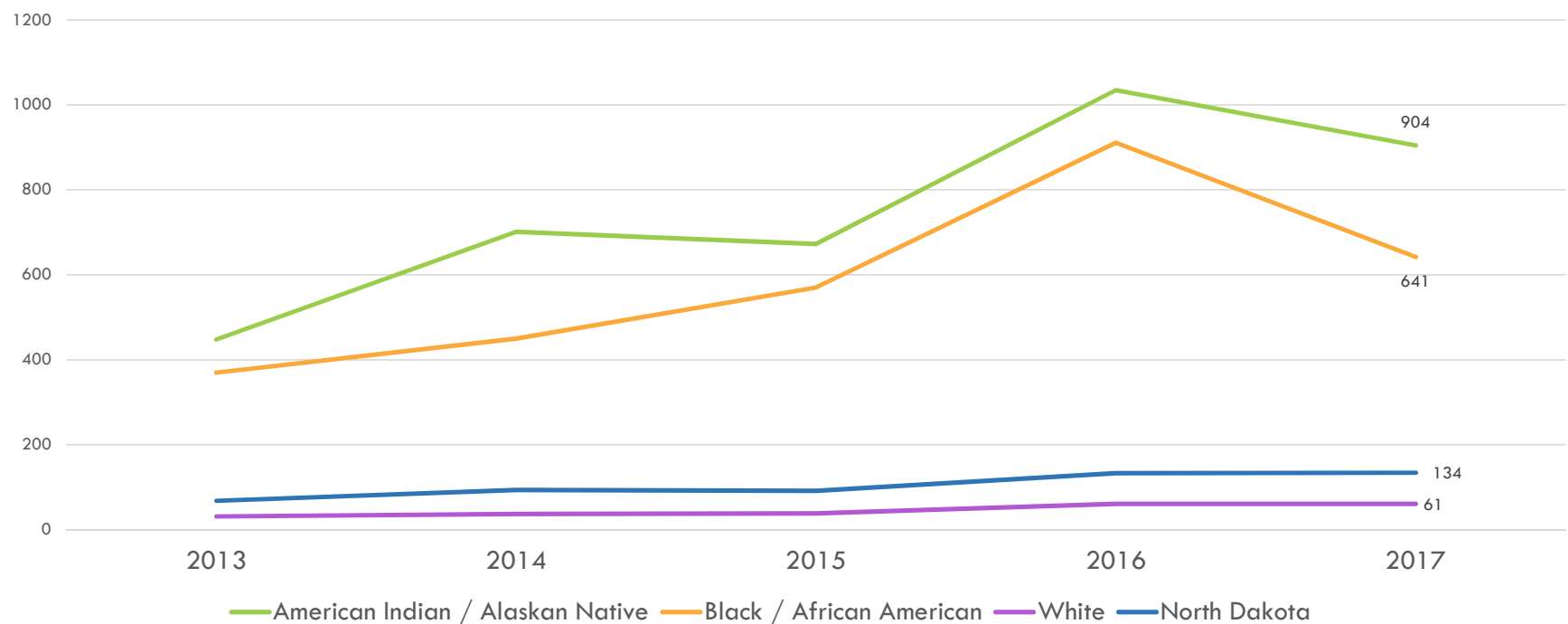
Source: NDDoH Division of Disease Control

43% of gonorrhea infections were between 15-24 years old



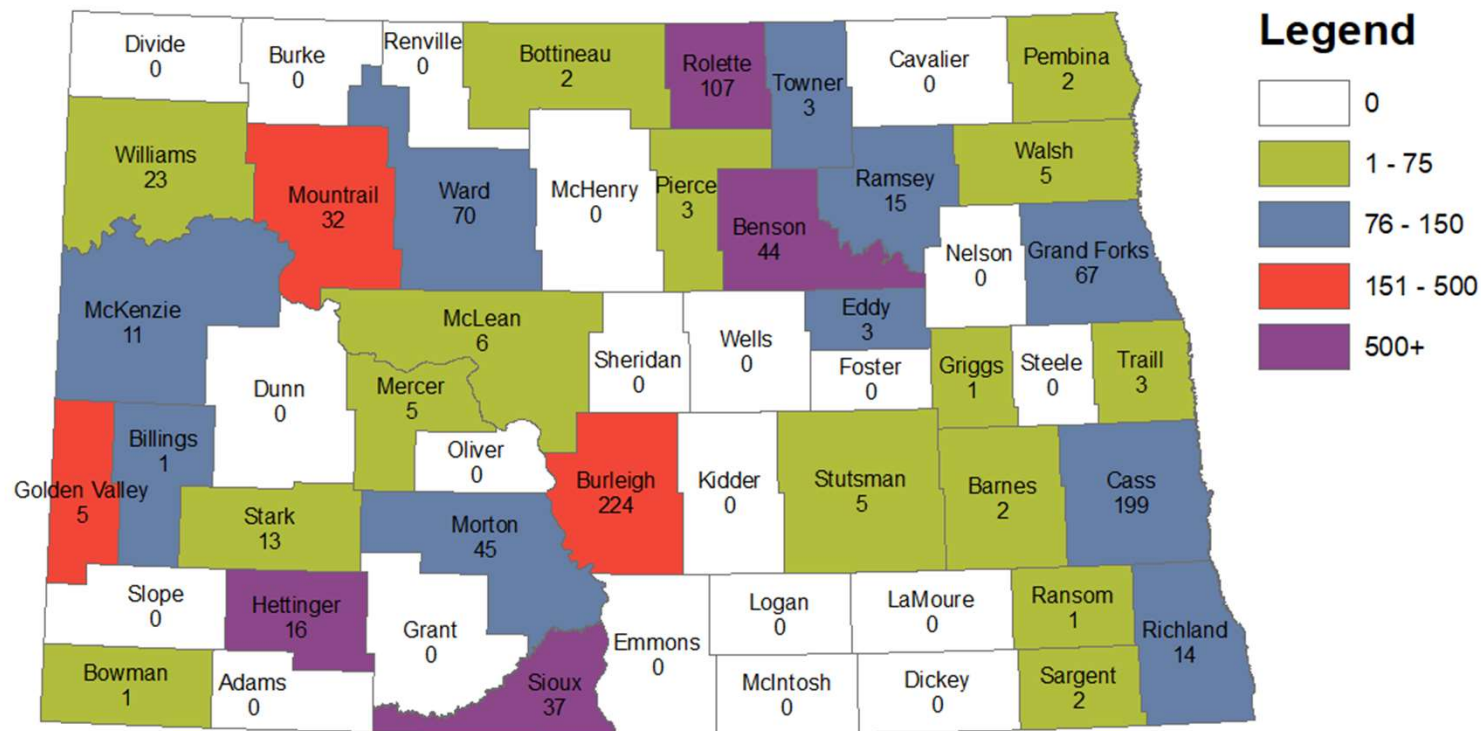
Source: NDDoH Division of Disease Control

American Indian/Alaskan Natives had the highest rate of gonorrhea in 2017



Source: NDDoH Division of Disease Control

Sioux County reported the highest gonorrhea rate in 2016 – 845 cases per 100,000



Gonorrhea Statistics

53% of cases were symptomatic

38% of cases were tested for HIV

Risk Factors of those interviewed (679)

- **13%** report injection drug use
- **41%** report sex while high/intoxicated
- **16%** report sex with an anonymous partner

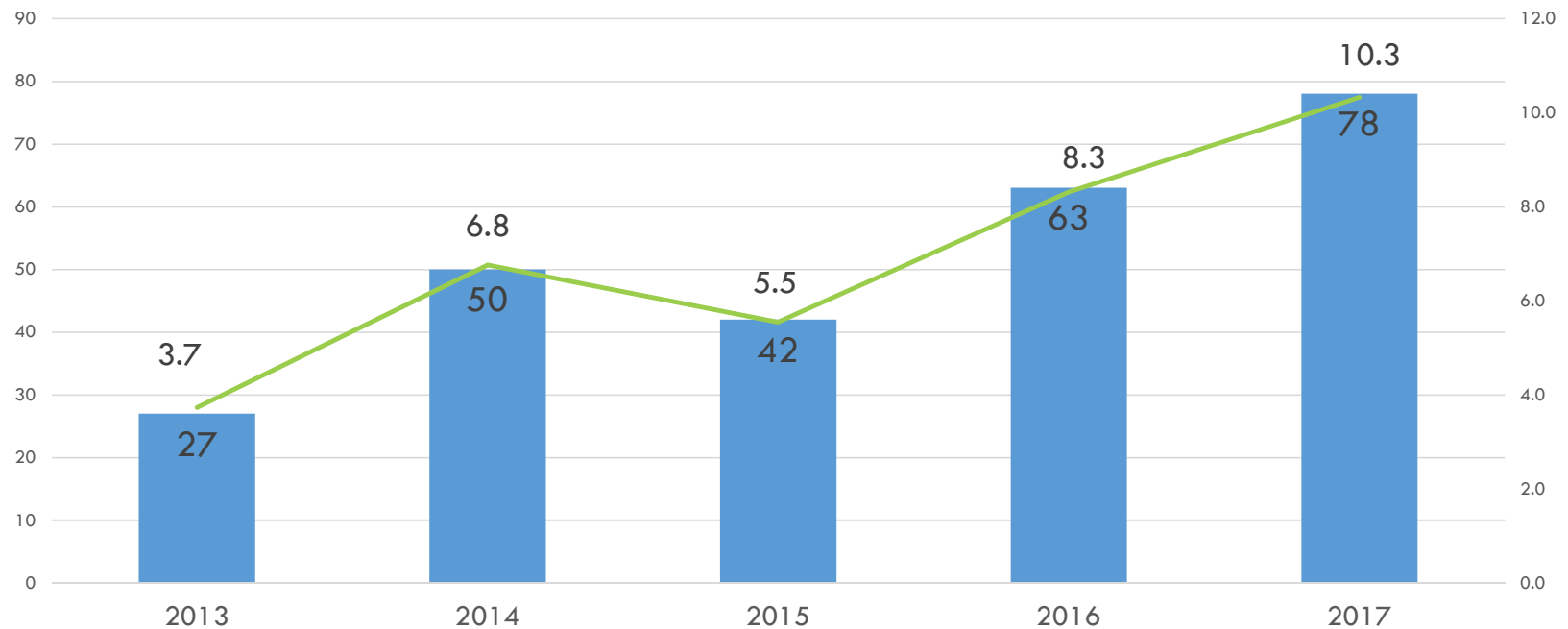
Three Site Testing NDPHL Data

82% of oral gonorrhea would have been missed if only urine collected

83% of rectal gonorrhea would have been missed if only urine collected

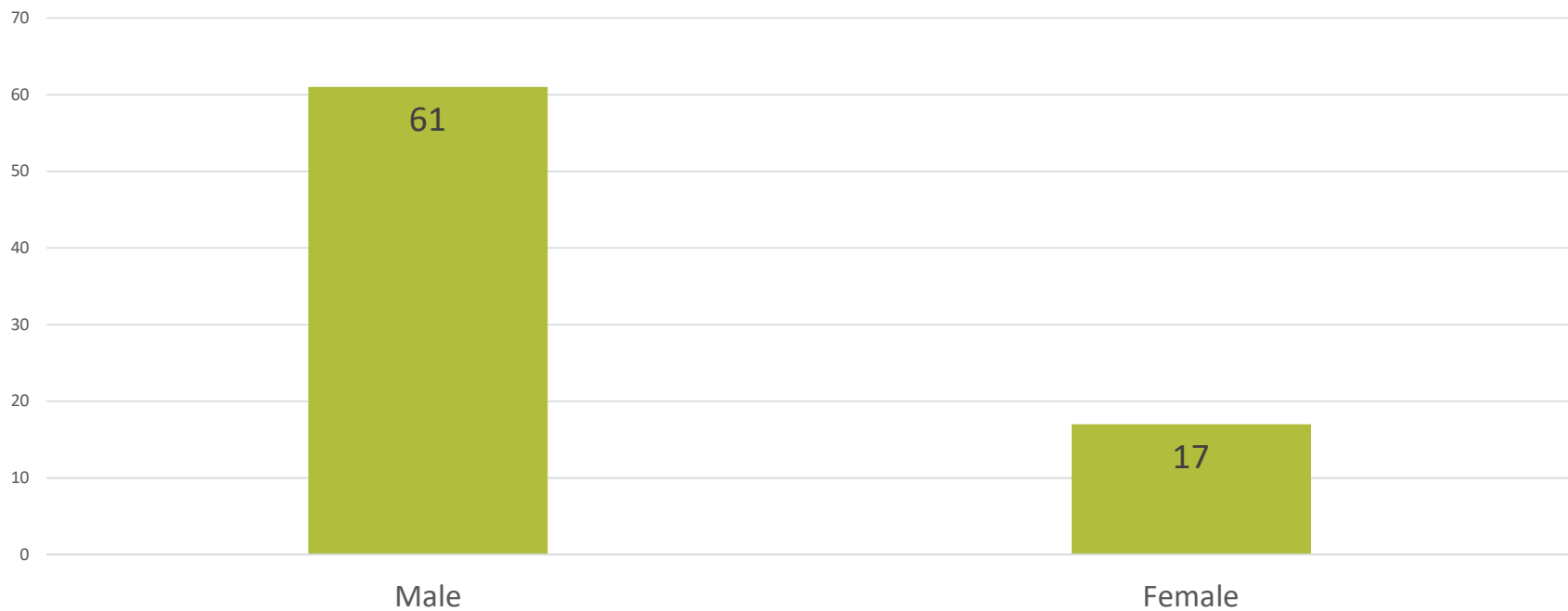
SYPHILIS

Syphilis infections increased 23.8% in 2017



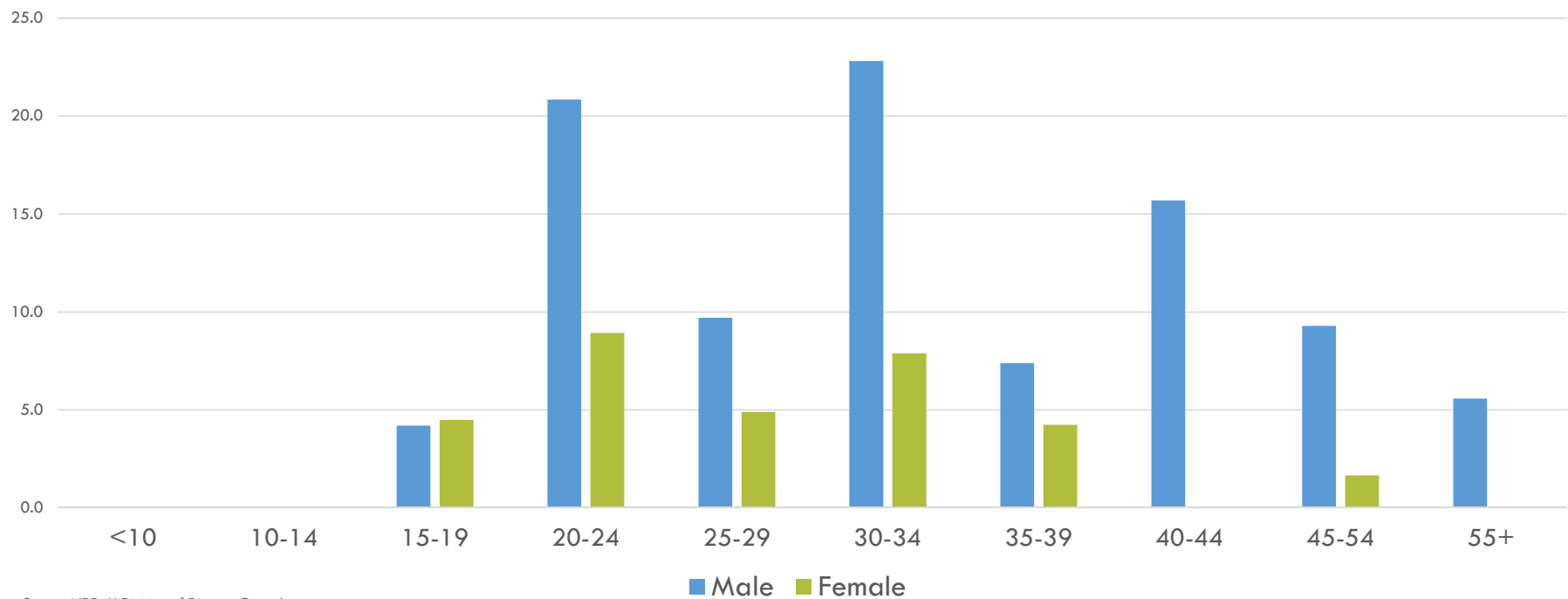
Source: NDDoH Division of Disease Control

78% of syphilis infections were male



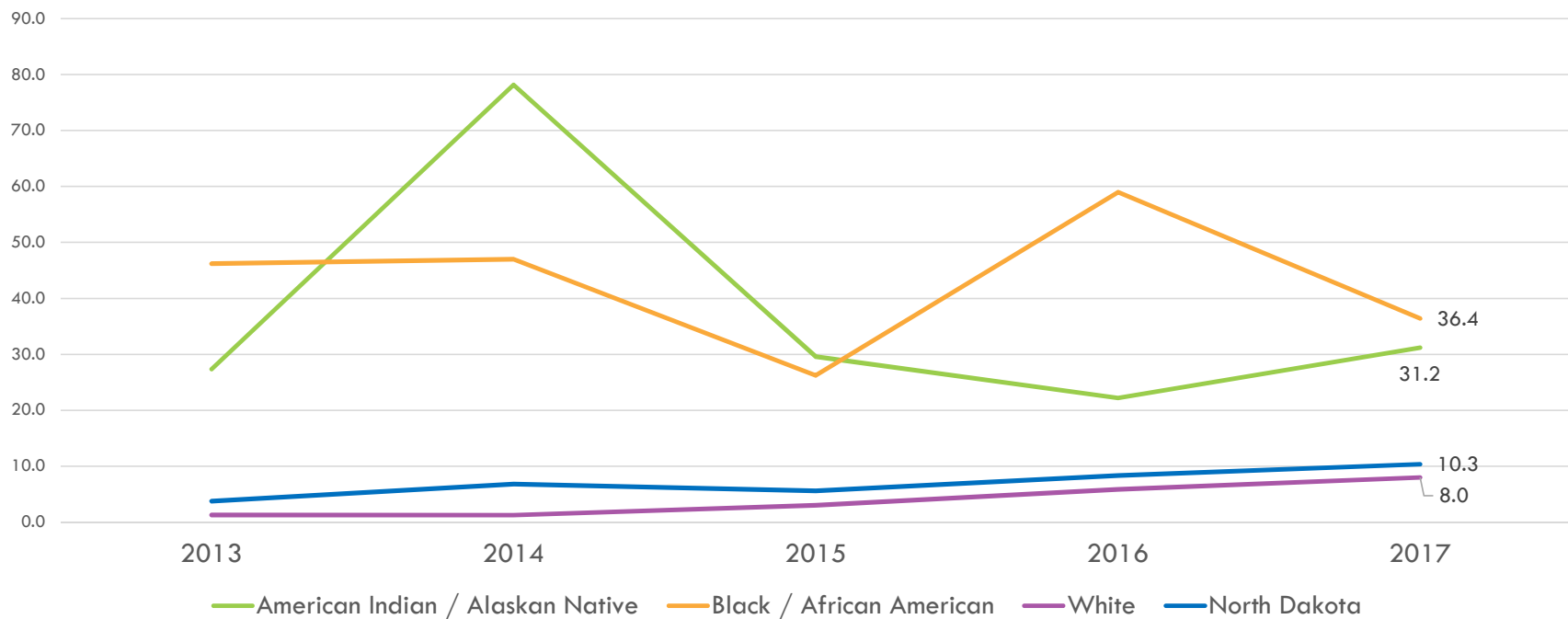
Source: NDDoH Division of Disease Control

59% of syphilis infections were between 20-34 years old



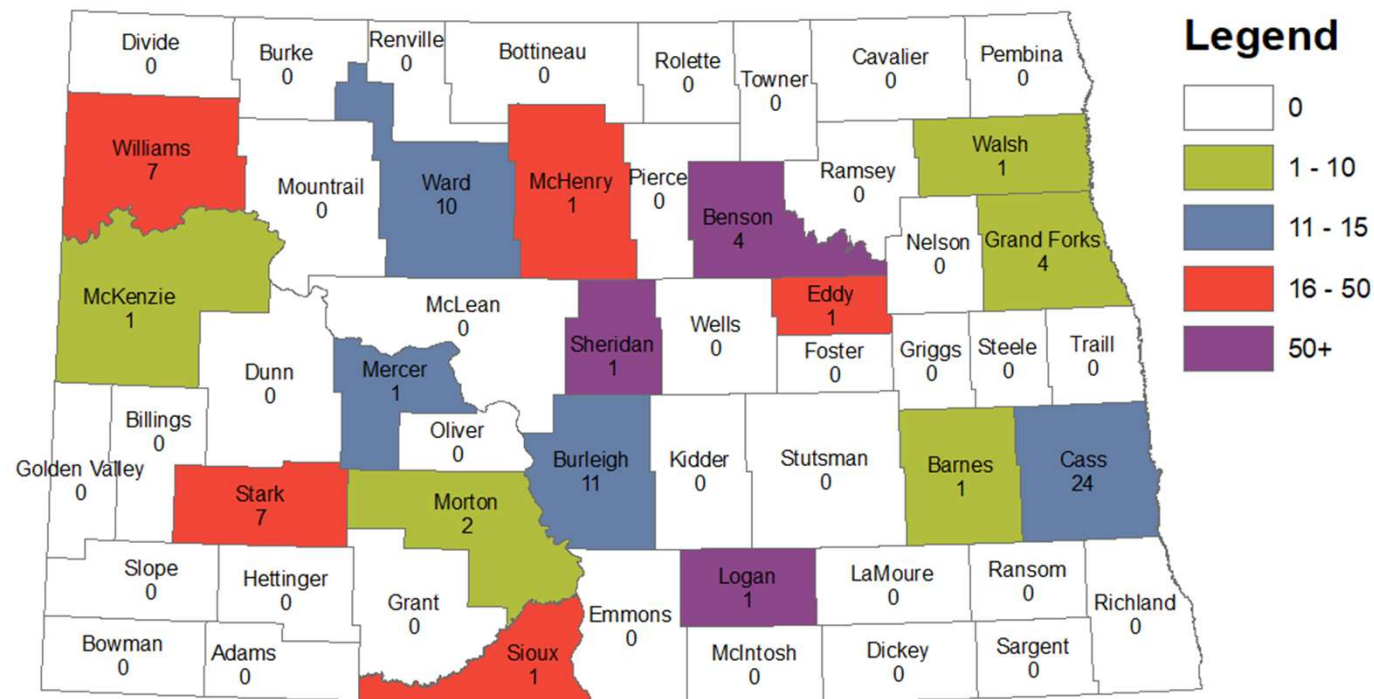
Source: NDDoH Division of Disease Control

Black/African Americans have the highest rate of syphilis



Source: NDDoH Division of Disease Control

Syphilis was reported in 16 counties



Syphilis Statistics

56% of cases were symptomatic at time of testing

82% of cases were tested for HIV

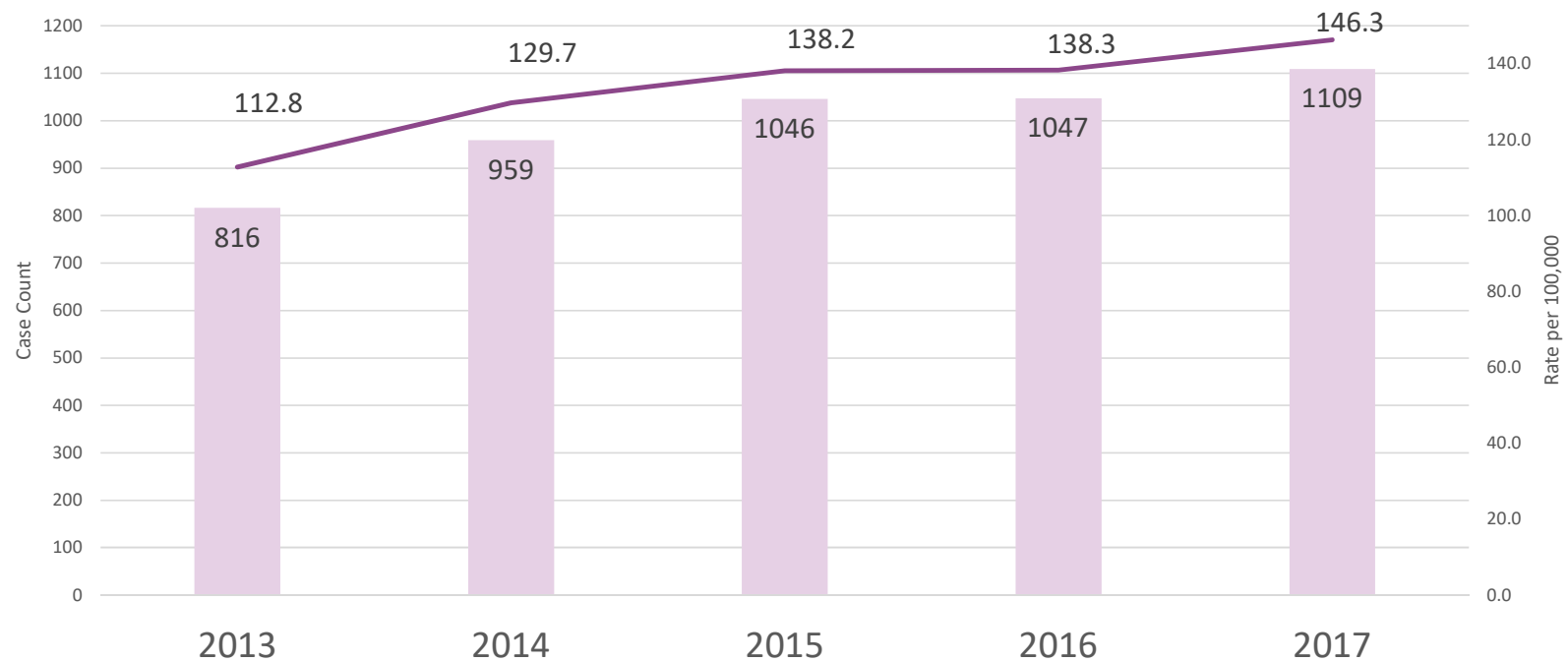
13% of cases were HIV positive

Risk factors of those interviewed (59)

- **10%** report injection drug use
- **34%** report sex while high/intoxicated
- **47%** report sex with an anonymous partner

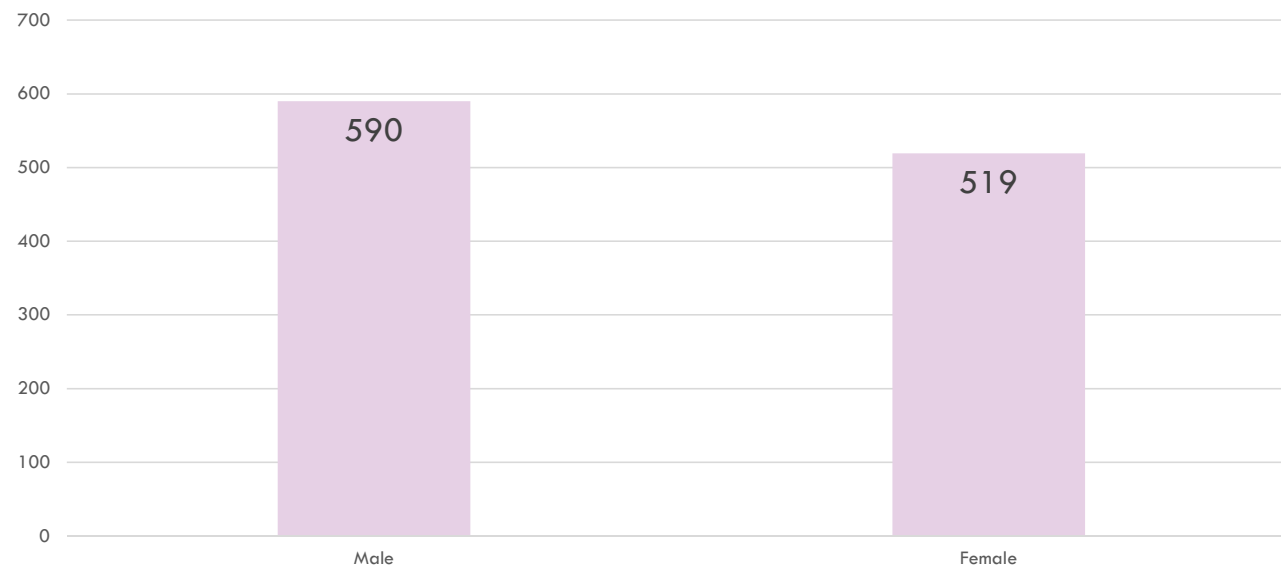
HEPATITIS C

Hepatitis C cases have increased 36% in the past 5 years



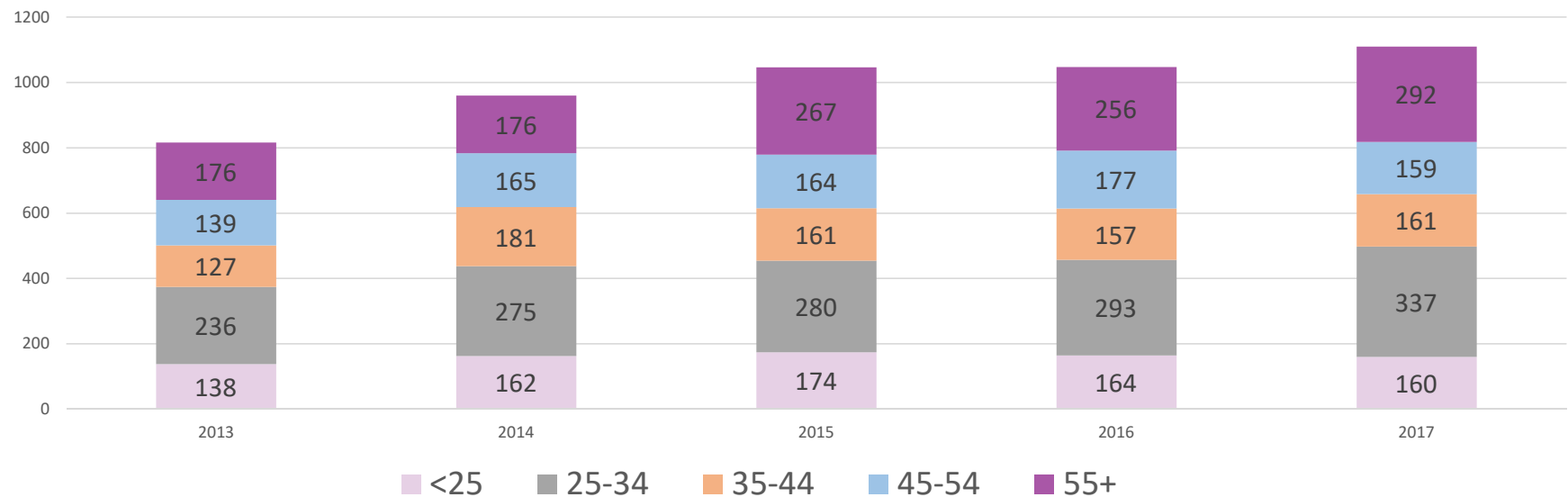
Source: NDDoH Division of Disease Control

More males than females were diagnosed with Hepatitis C



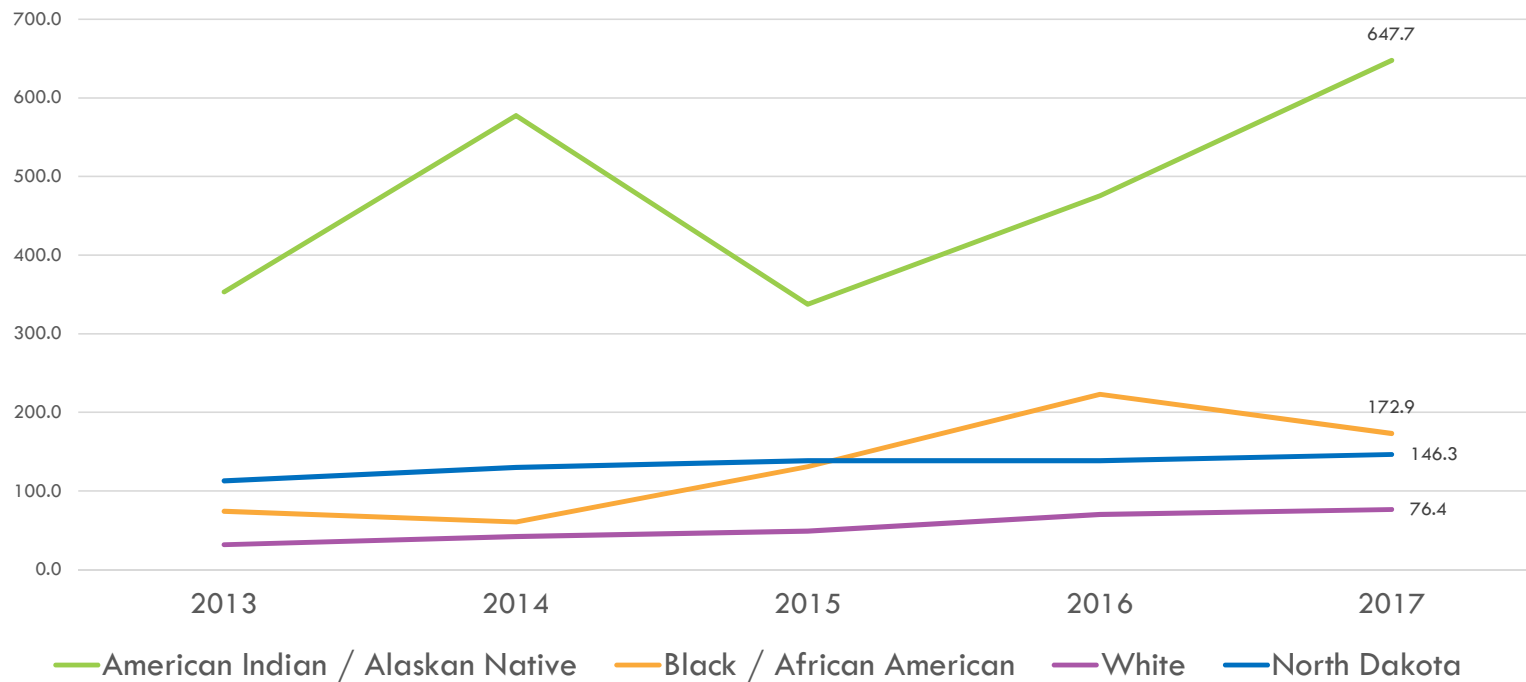
Source: NDDoH Division of Disease Control

The greatest increase in new diagnoses is among young adults and baby boomers.



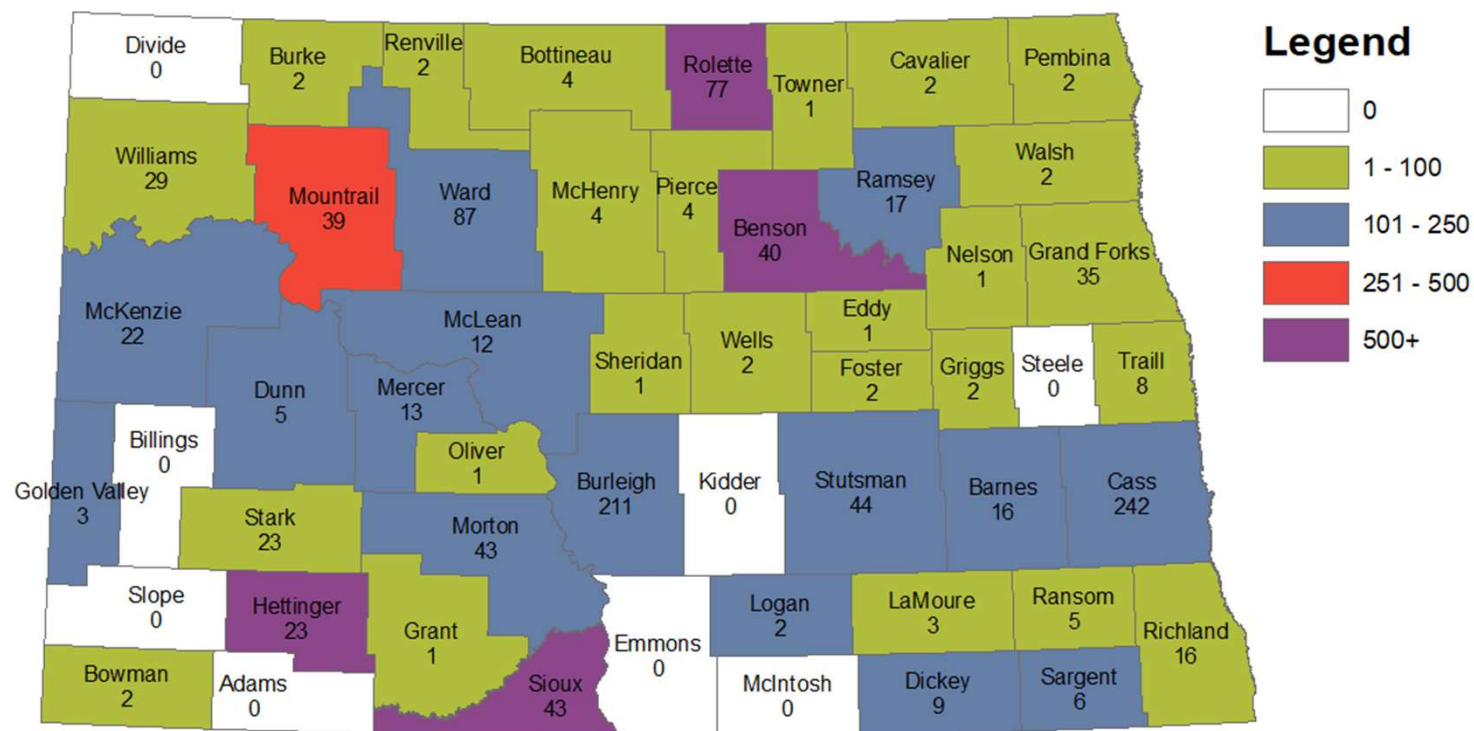
Source: NDDoH Division of Disease Control

American Indian/Alaskan Natives have the highest rate of Hepatitis C



Source: NDDoH Division of Disease Control

Sioux County reported the highest rate of Hepatitis C – 962 cases per 100,000

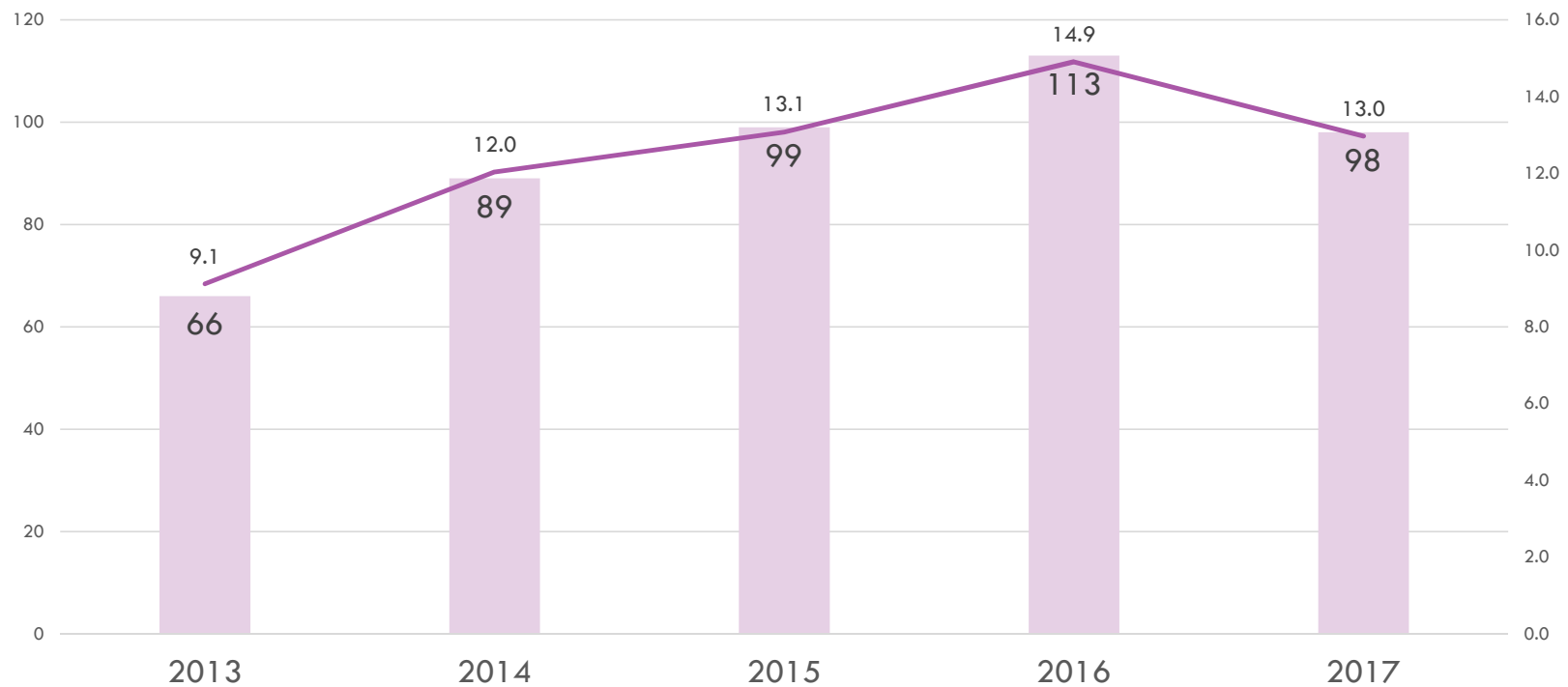


Enhanced Hepatitis C Surveillance 35 and under

88% report ever having injected drugs

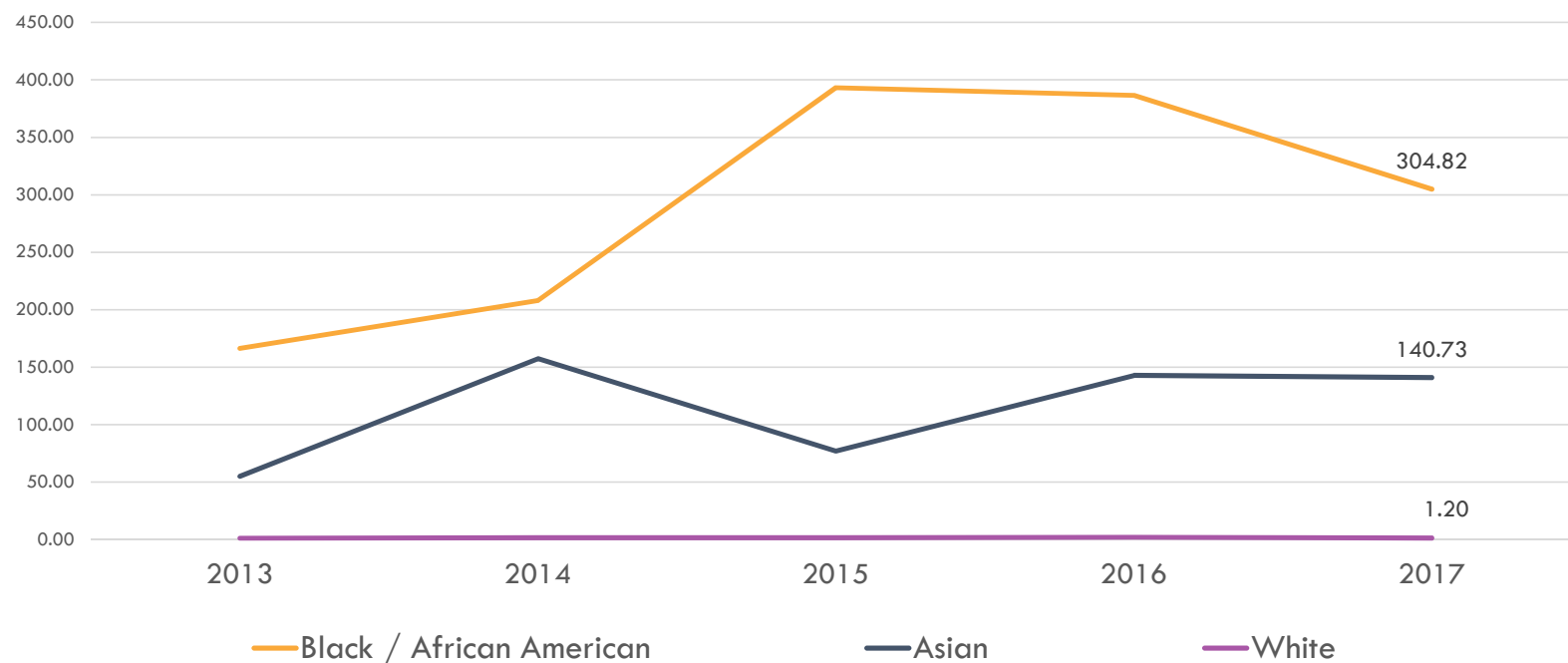
HEPATITIS B

Hepatitis B cases decreased 13% in 2017



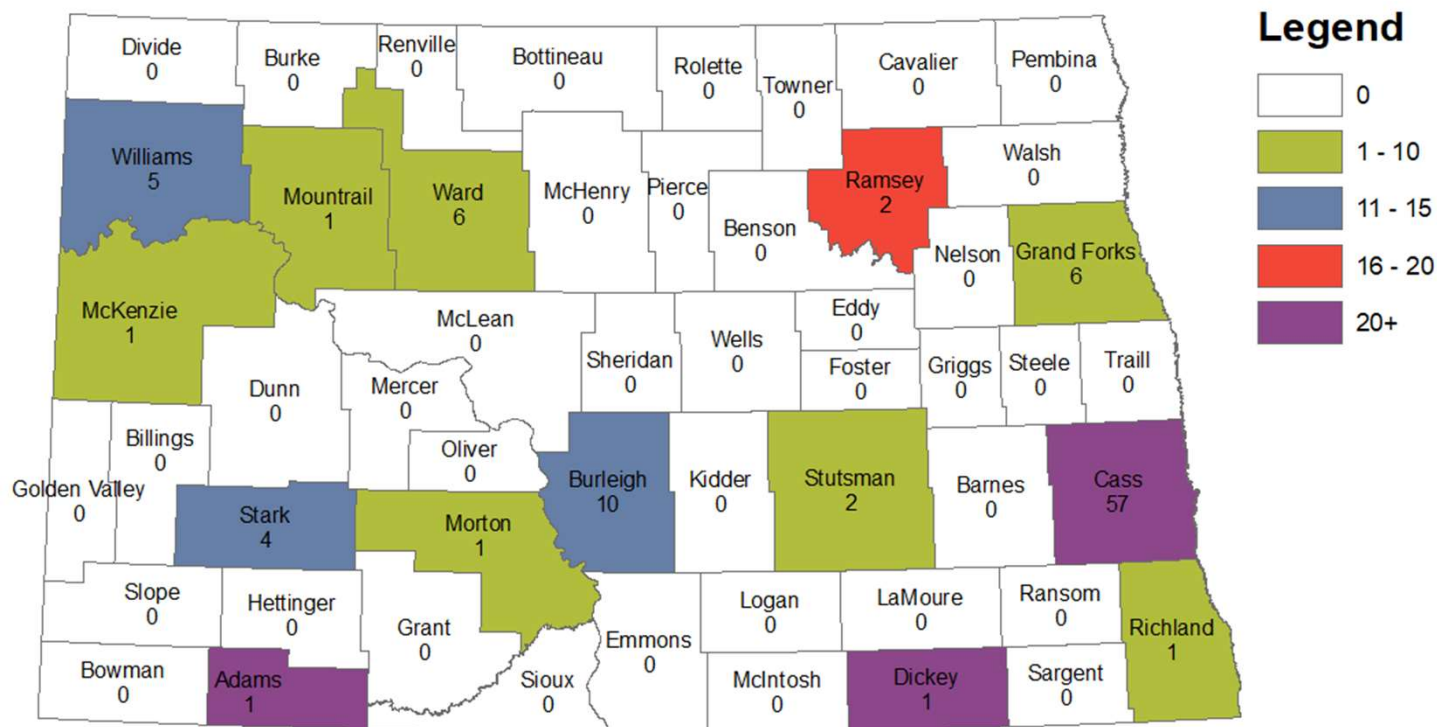
Source: NDDoH Division of Disease Control

Black / African Americans had the highest rate of Hepatitis B in 2017



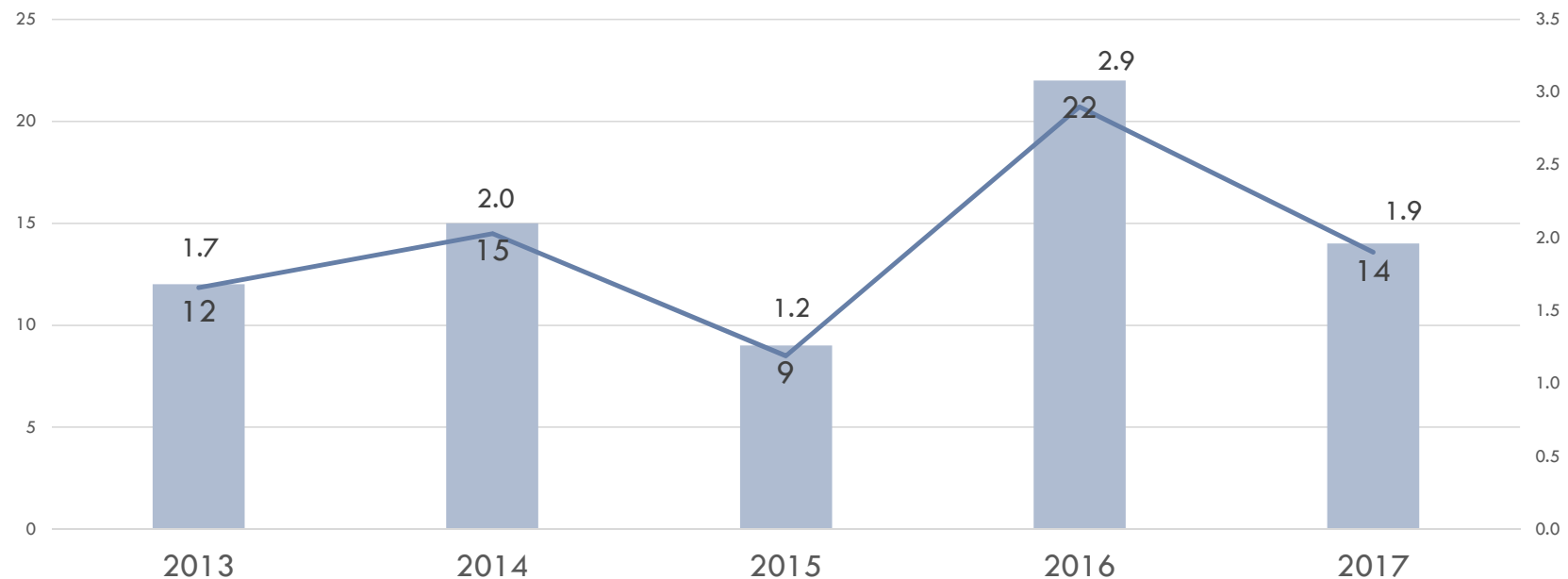
Source: NDDoH Division of Disease Control

Hepatitis B was reported in 14 counties in 2017



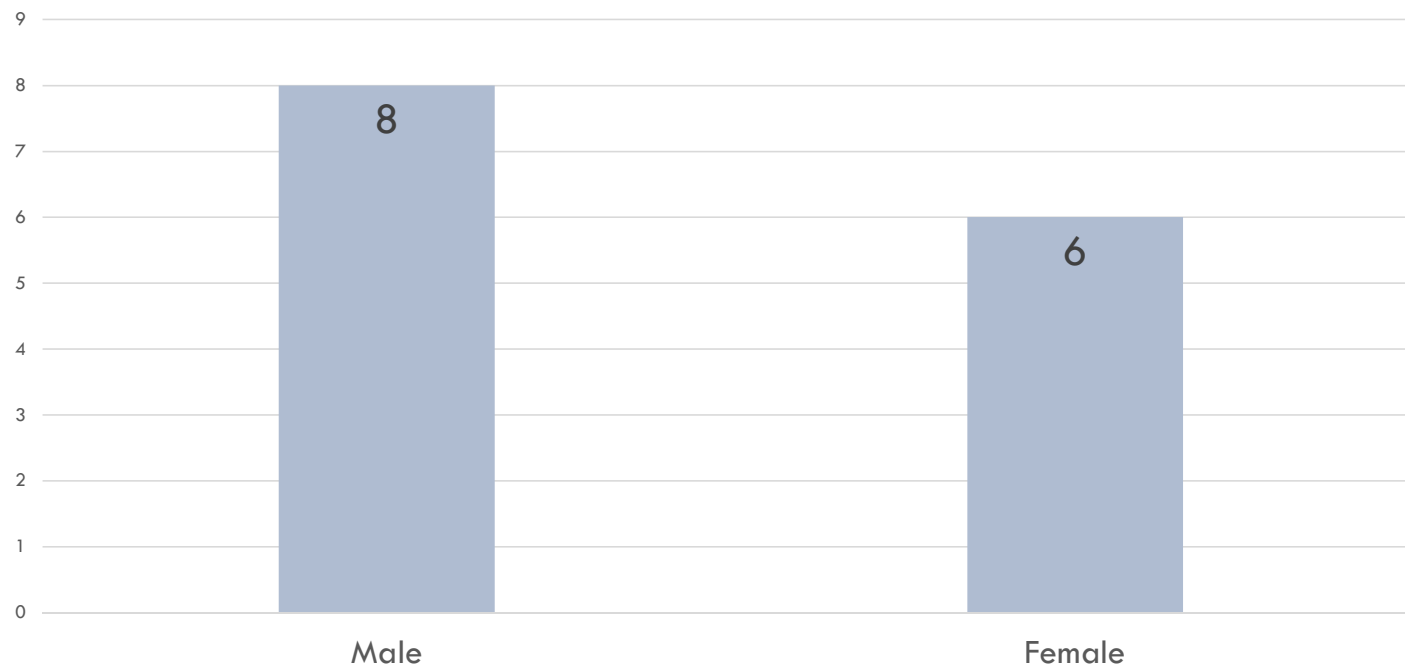
TUBERCULOSIS

Fourteen active cases of tuberculosis were reported in 2017



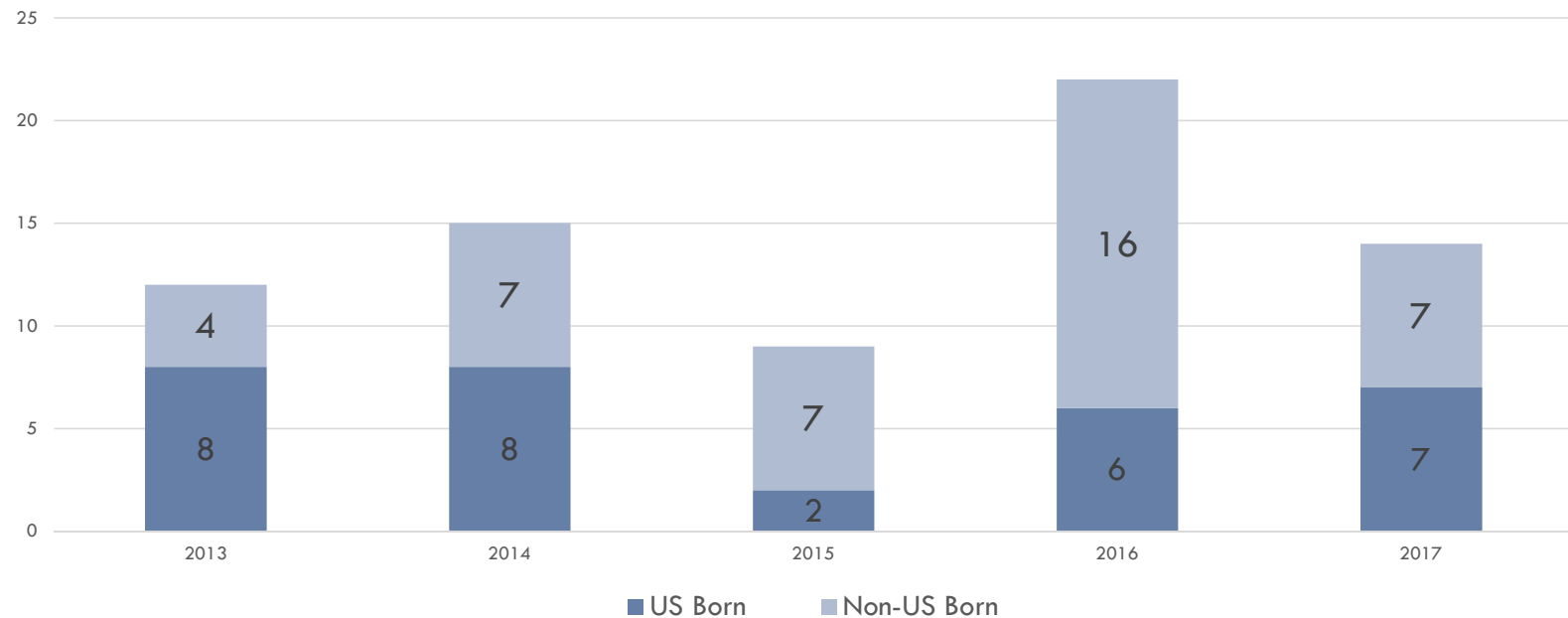
Source: NDDoH Division of Disease Control

57% of cases were reported in males



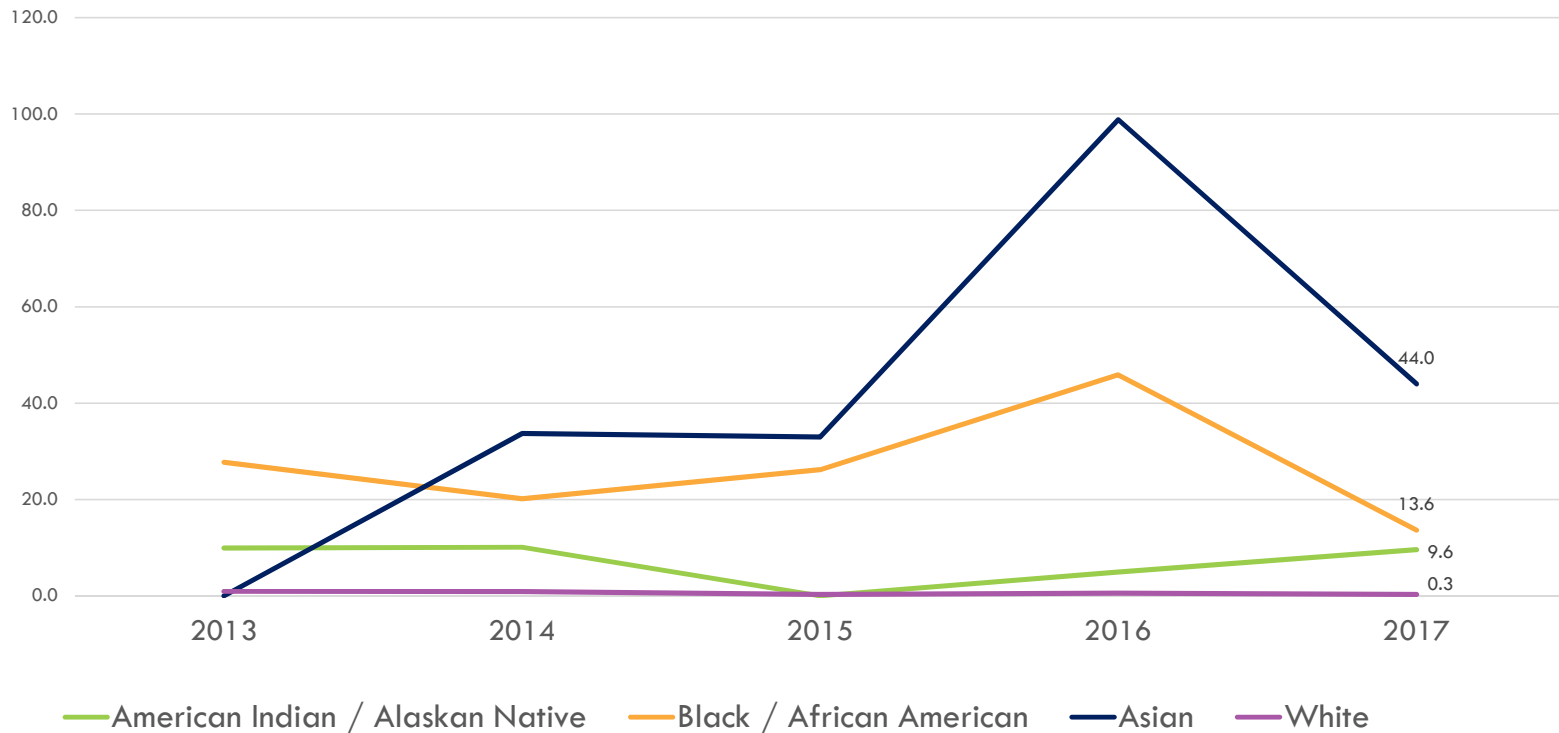
Source: NDDoH Division of Disease Control

Equal number of US born and Non-US born cases in 2017



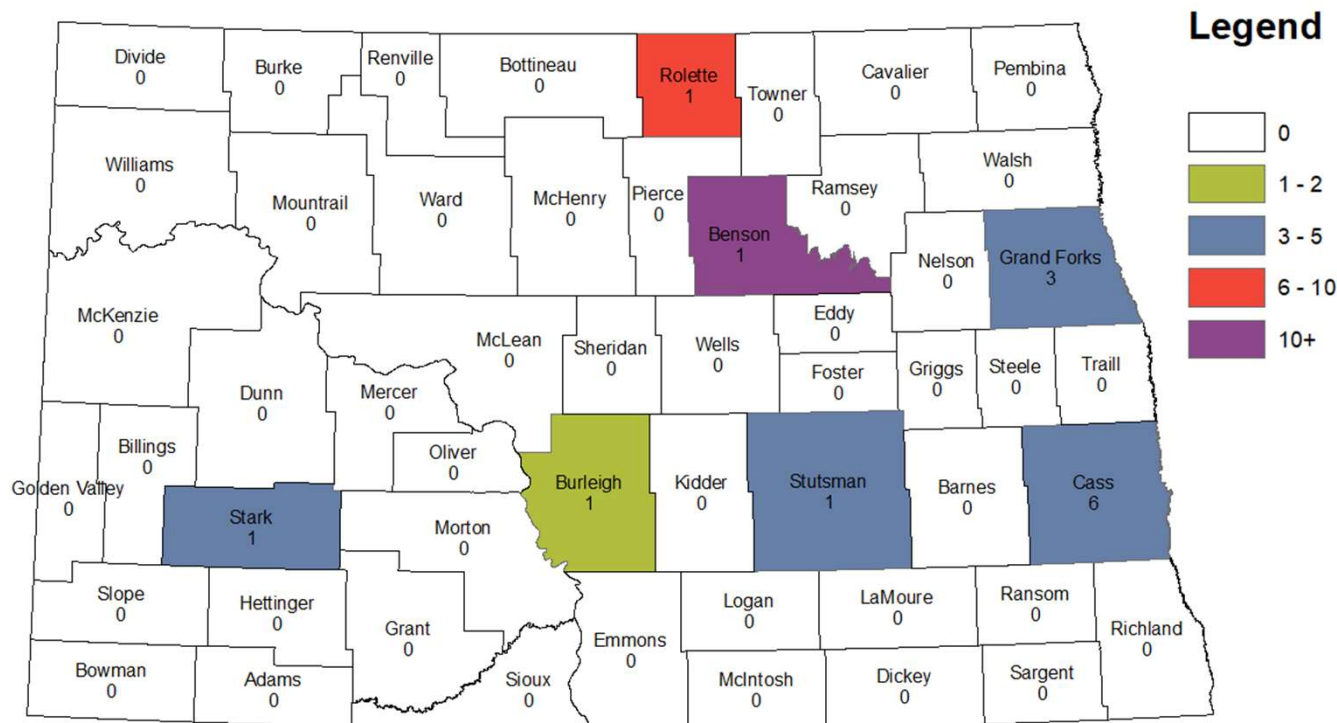
Source: NDDoH Division of Disease Control

The highest TB incidence was among Asians



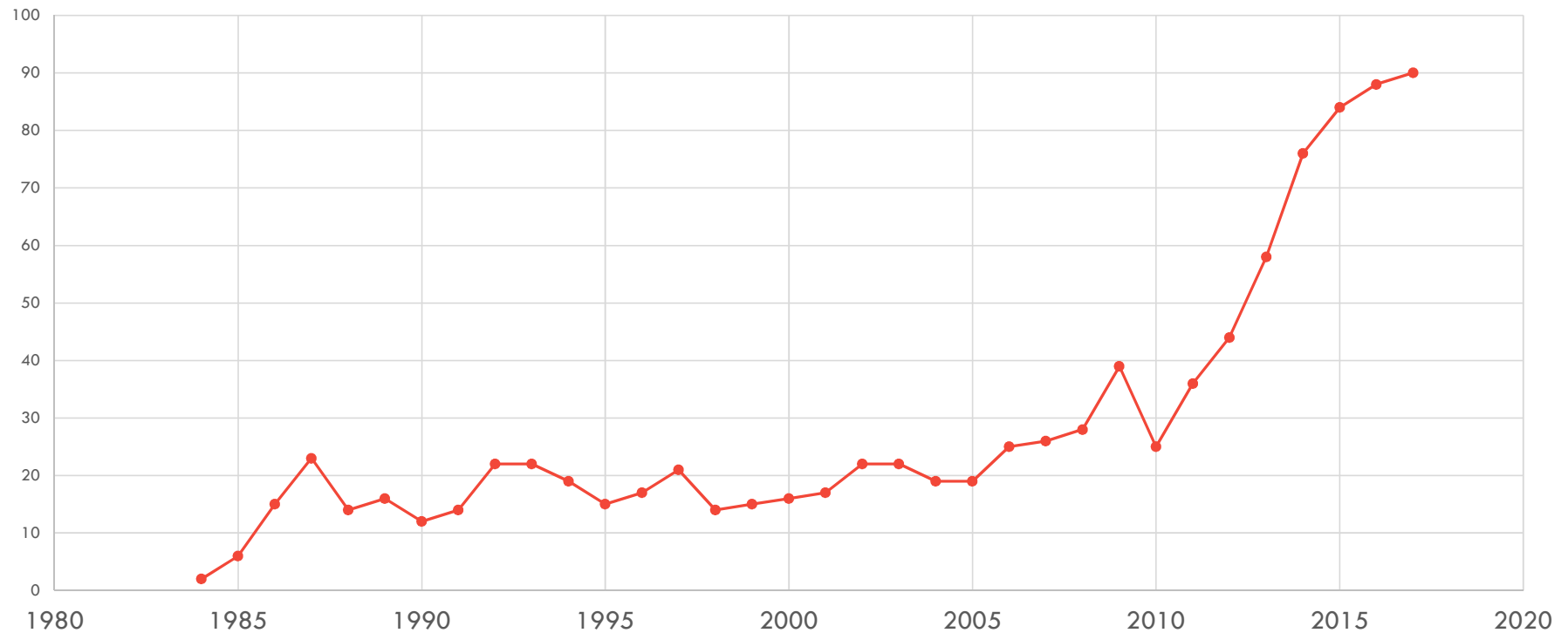
Source: NDDoH Division of Disease Control

In 2017, the 14 TB cases were reported from
7 counties



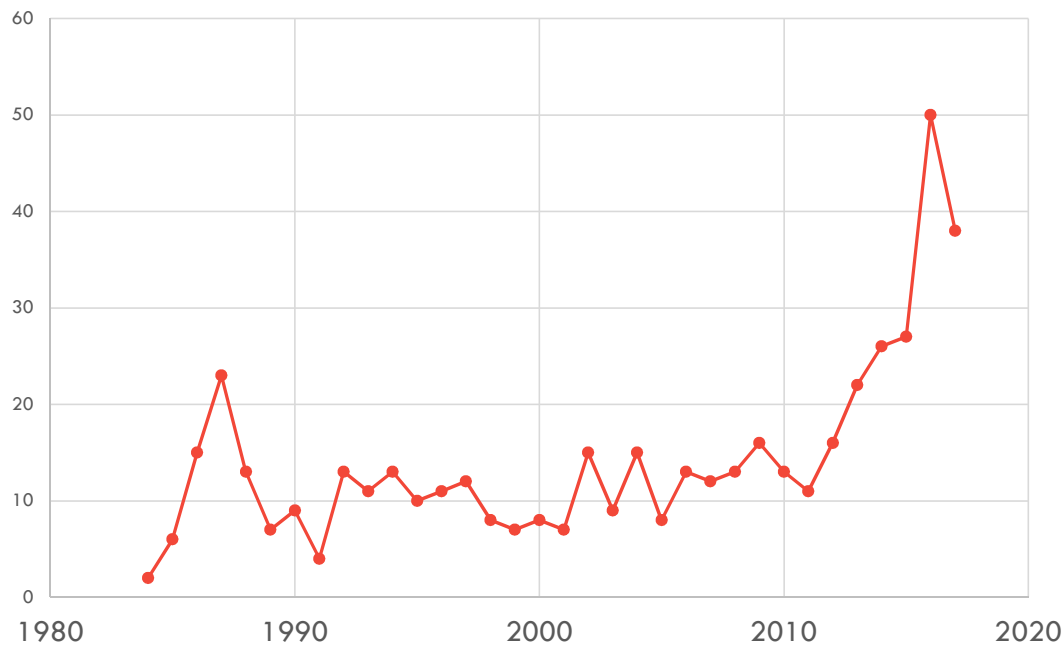
HIV/AIDS

ND has seen an increase in reported HIV/AIDS

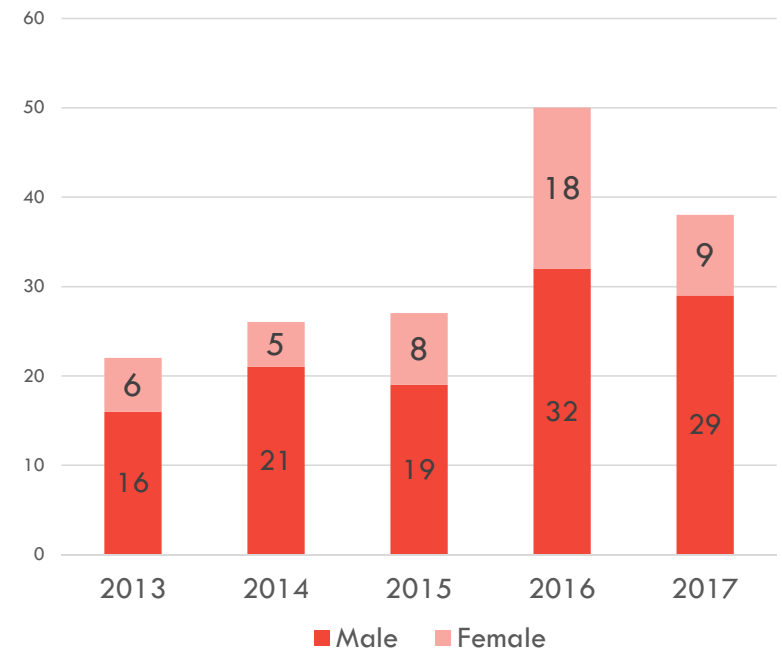


Source: NDDoH Division of Disease Control

In 2017, there was a 24% decrease in newly diagnosed HIV/AIDS

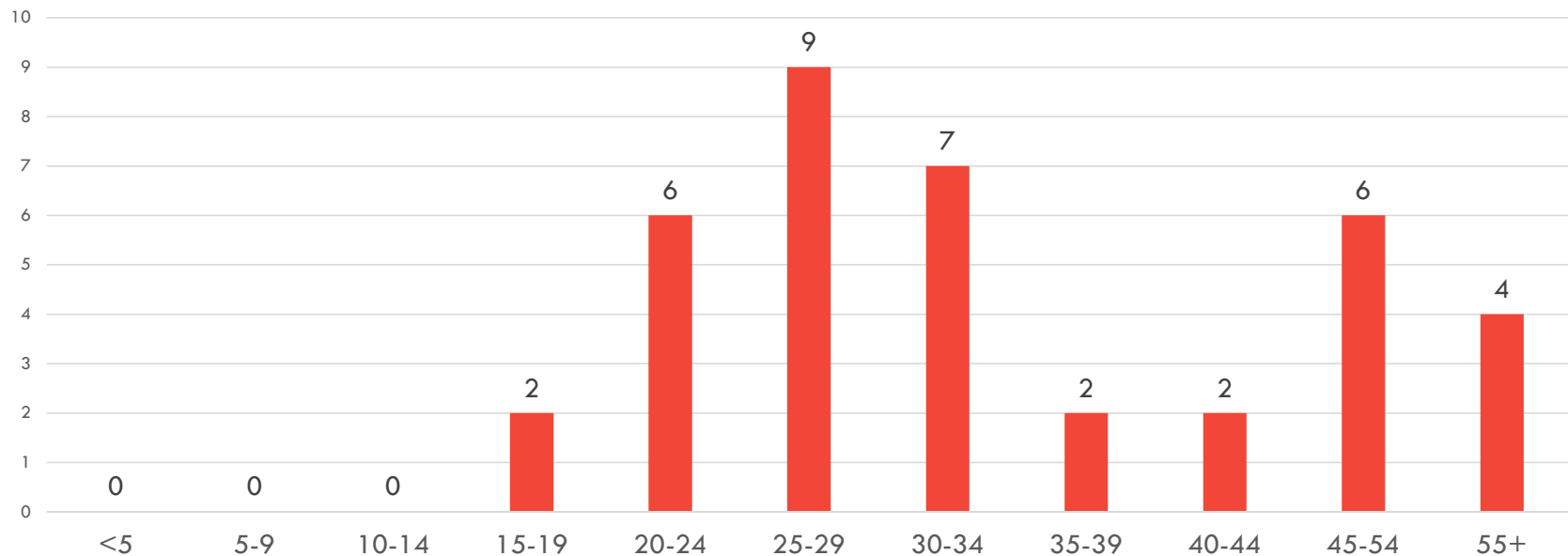


Source: NDDoH Division of Disease Control



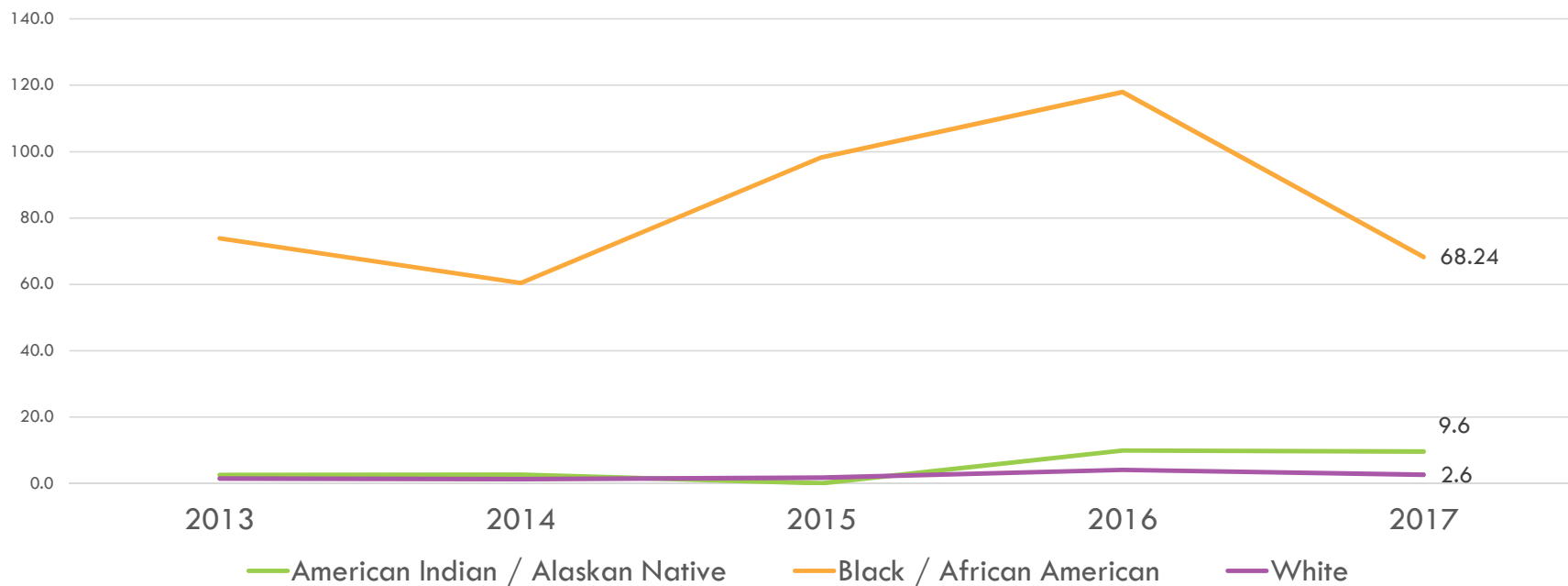
Source: NDDoH Division of Disease Control

The average age of those newly diagnosed with HIV/AIDS was 35 years in 2017



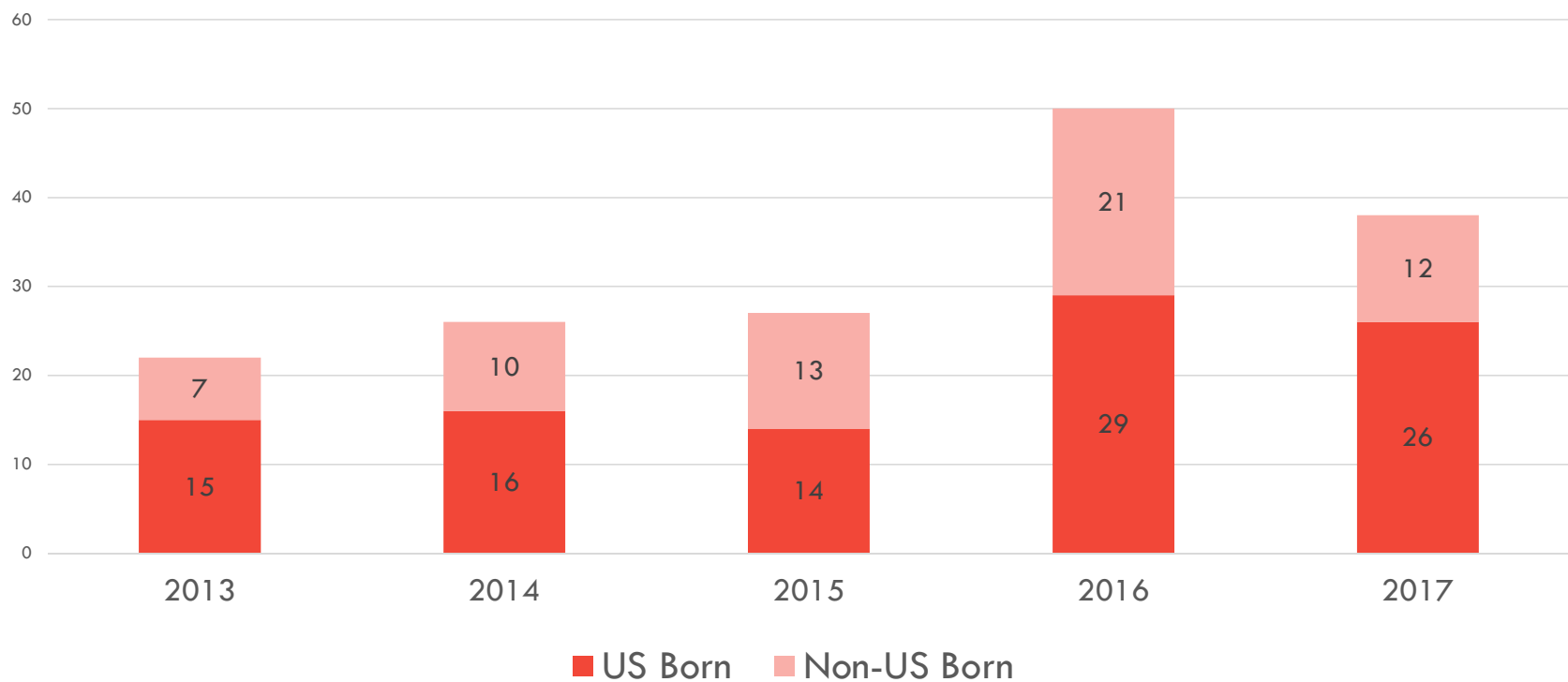
Source: NDDoH Division of Disease Control

HIV/AIDS rates are highest among Black/African Americans



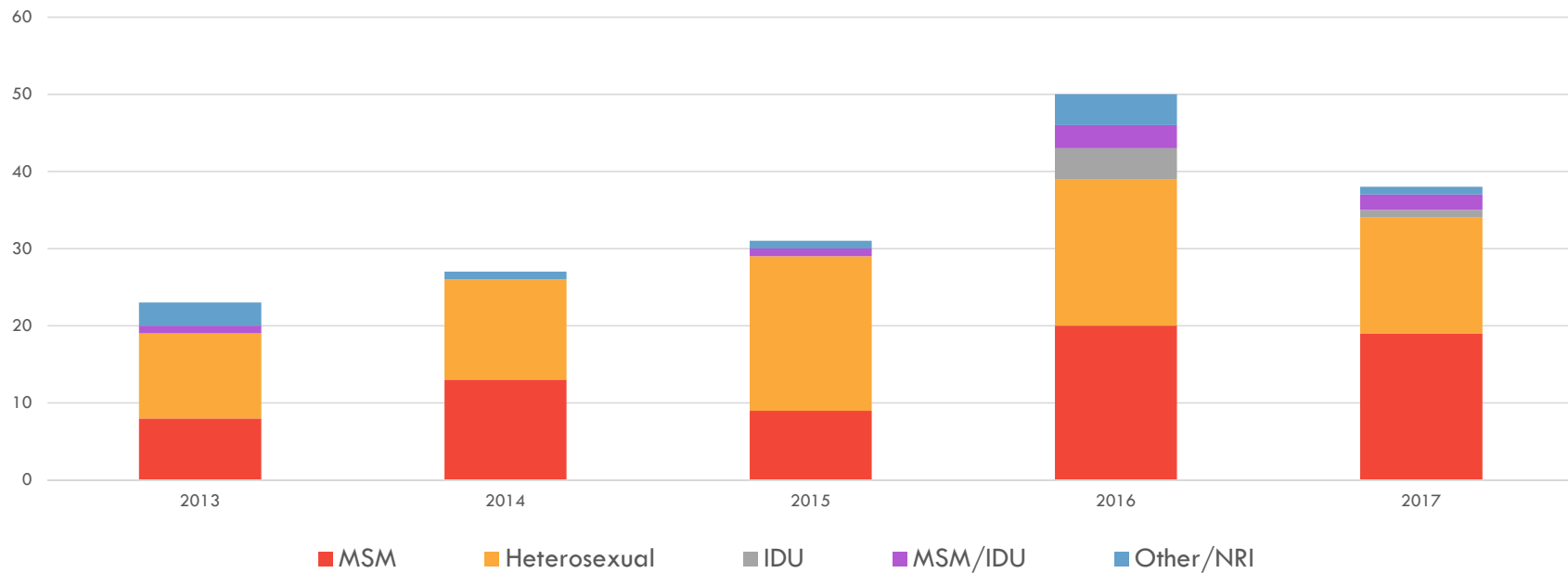
Source: NDDoH Division of Disease Control

In 2017, ND saw a 43% decrease in new diagnoses among individuals not born in the US.



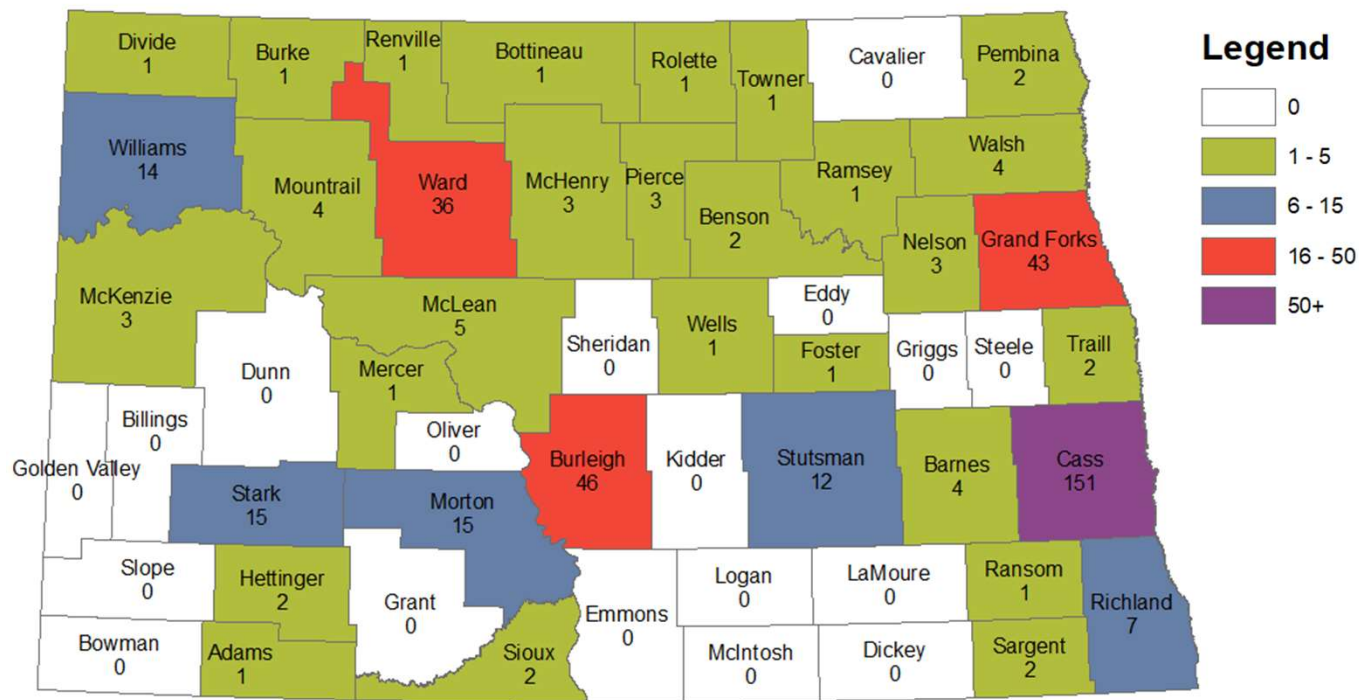
Source: NDDoH Division of Disease Control

Risk factors for newly diagnosed HIV/AIDS cases

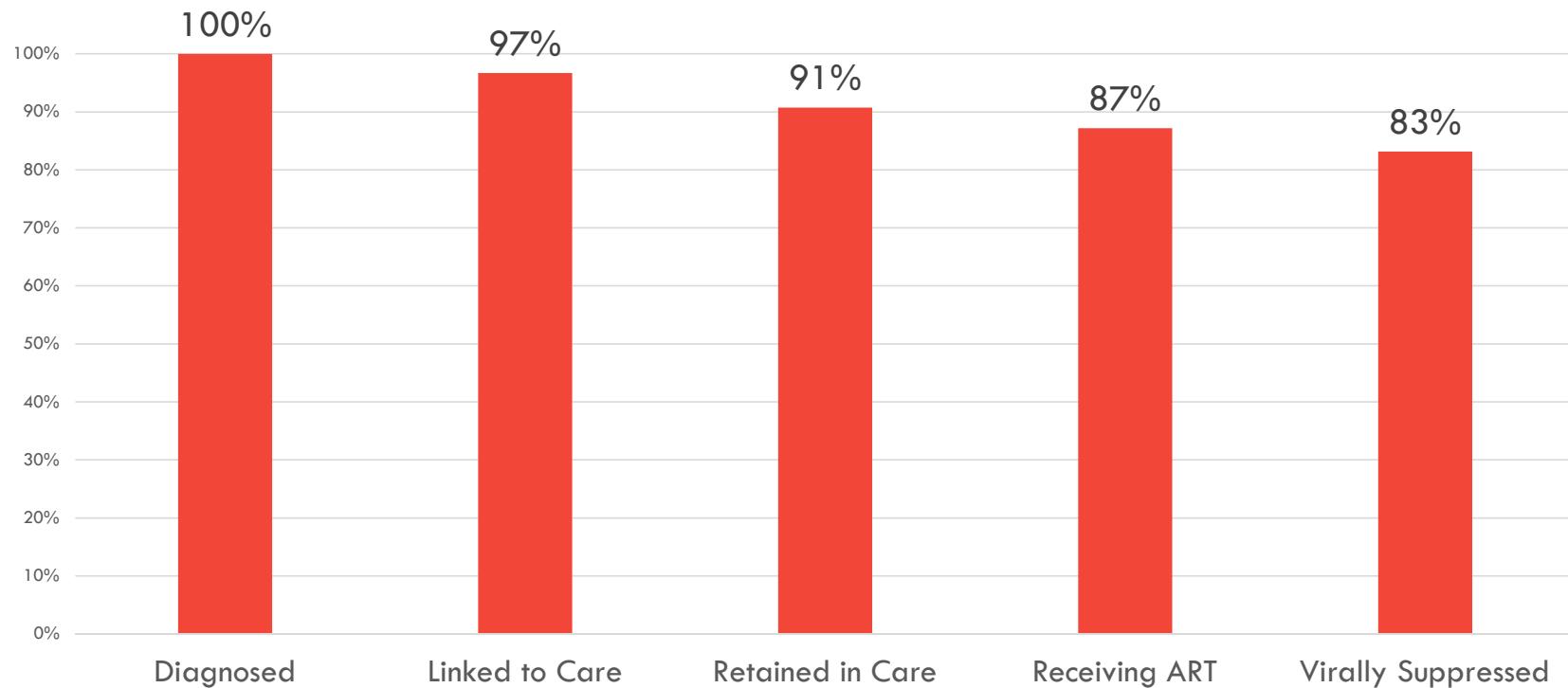


Source: NDDoH Division of Disease Control

As of December 31, 2017, there were 421 persons living with HIV/AIDS in the state



HIV/AIDS Care Continuum



Source: NDDoH Division of Disease Control

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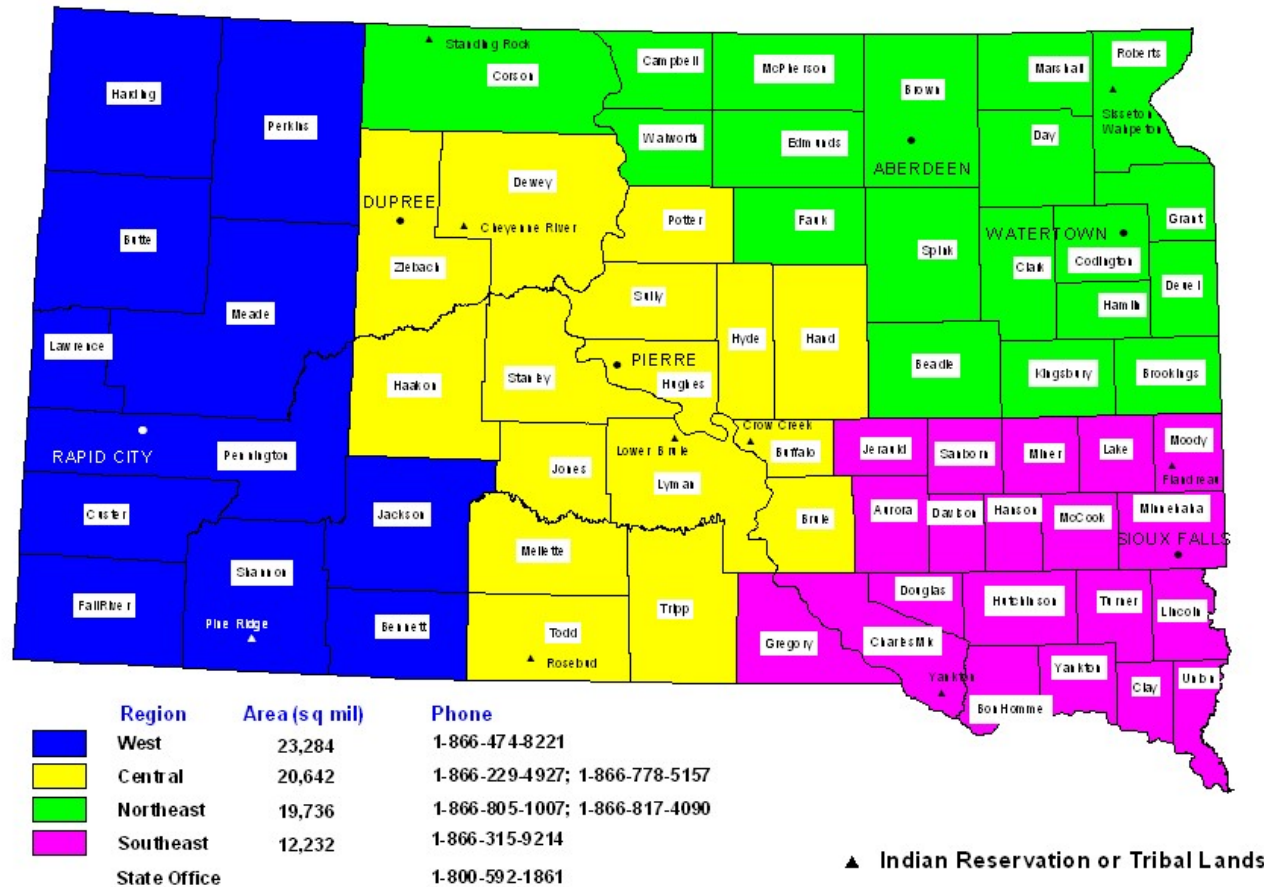
Email: slrenton@nd.gov



South Dakota 2017 STD, HIV, TB, Hep C Data Summary

Amanda Gill M.S.
STD Program Director
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605-773-4794

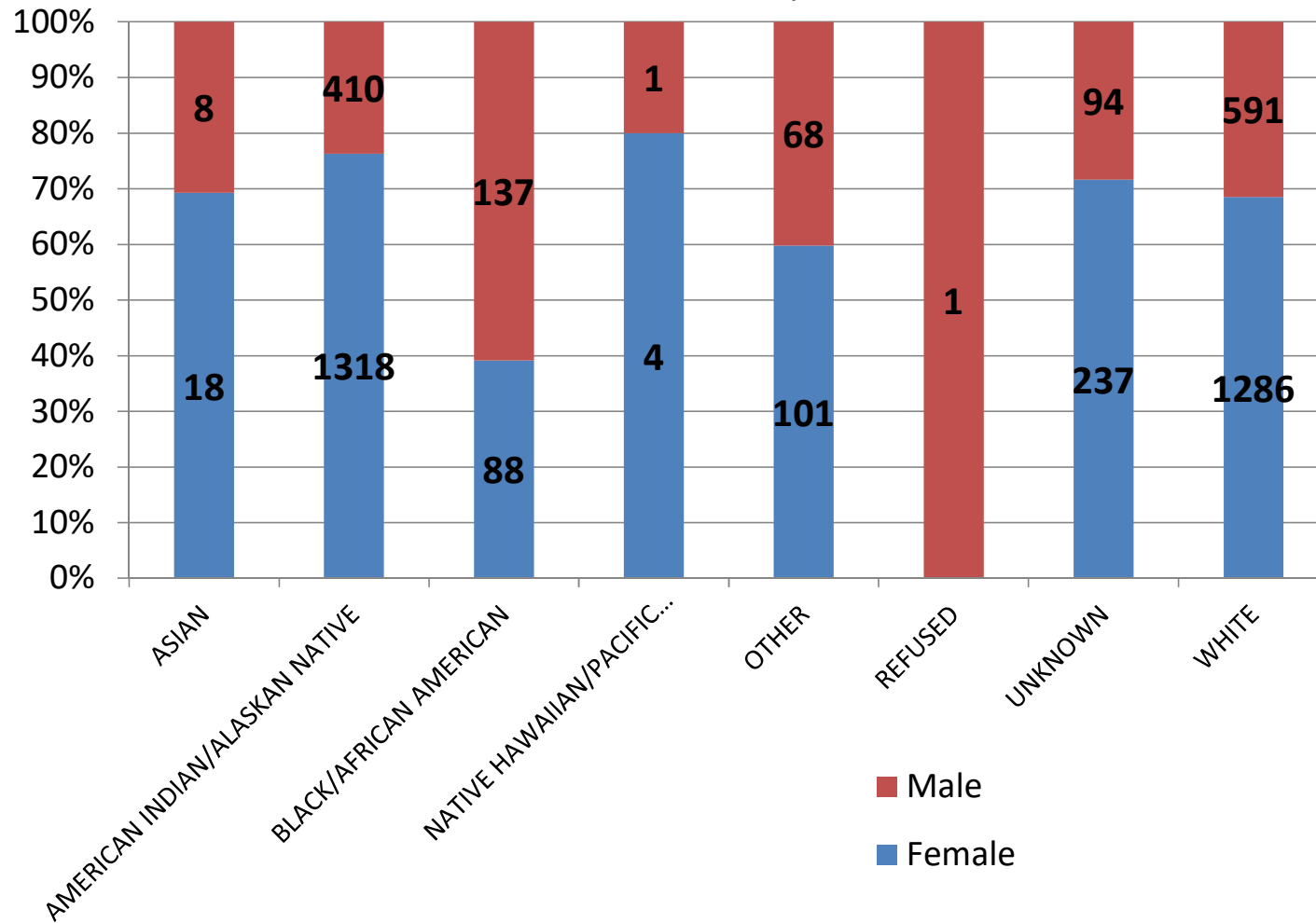
HEALTH AND MEDICAL SERVICES OFFICE OF DISEASE PREVENTION REGIONAL AREAS



12/2009

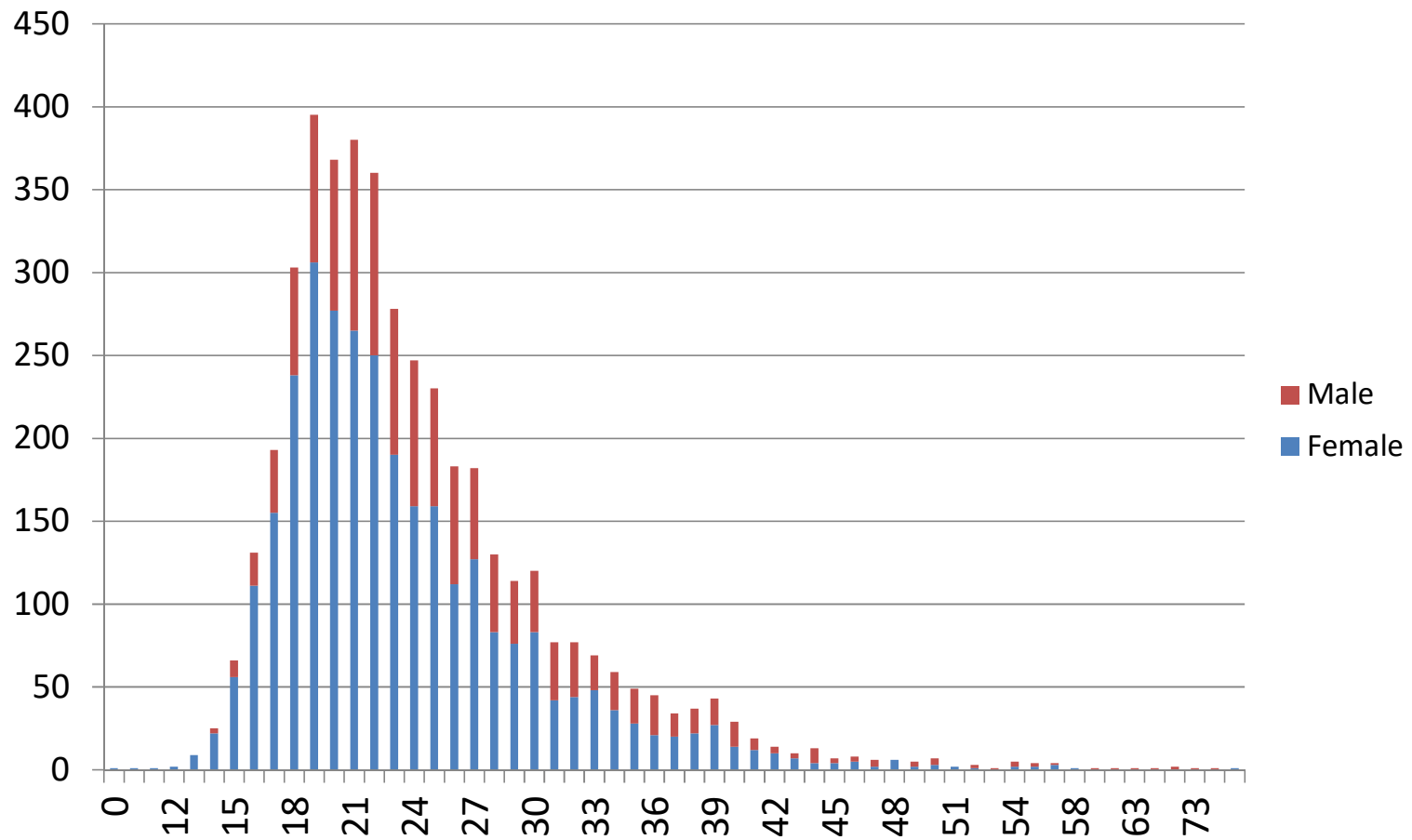
Chlamydia 2017

Provisional Count = 4,362



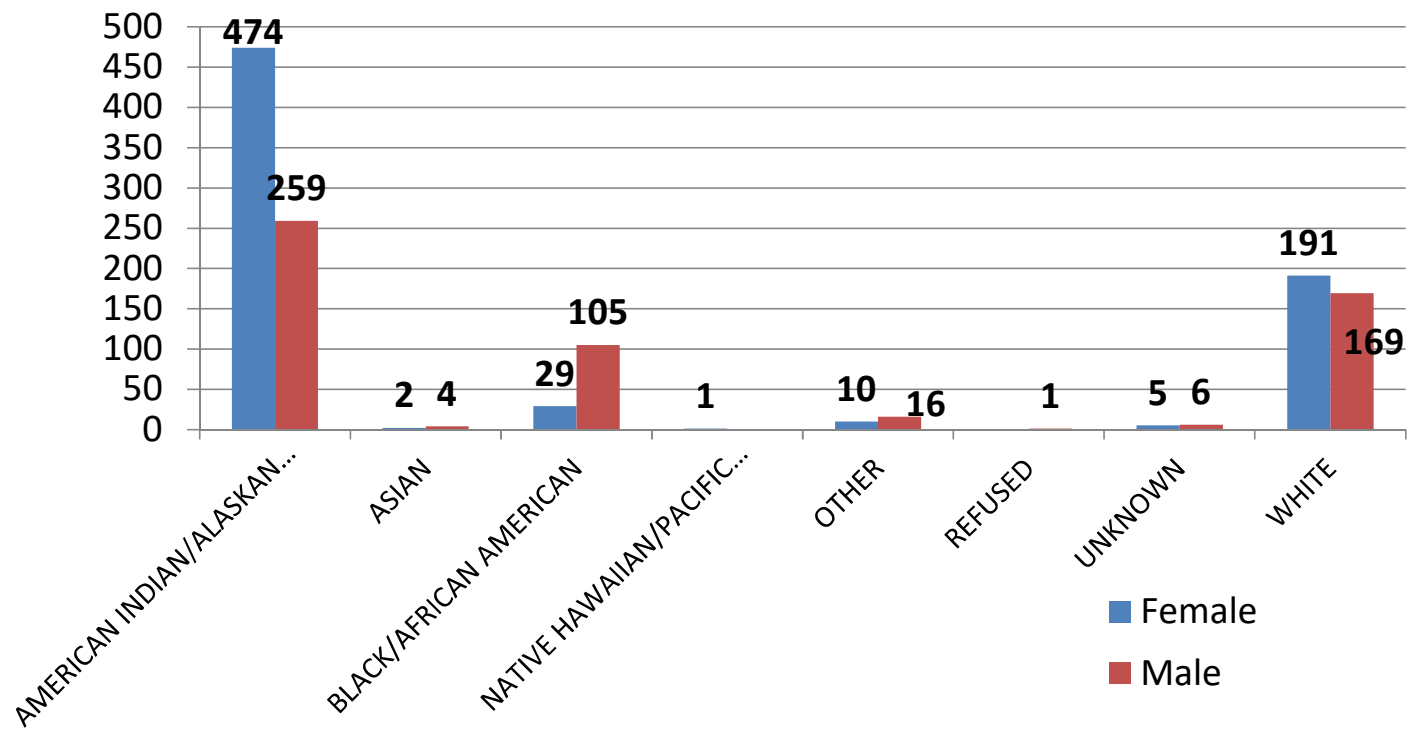
Chlamydia 2017

Provisional Count = 4,362



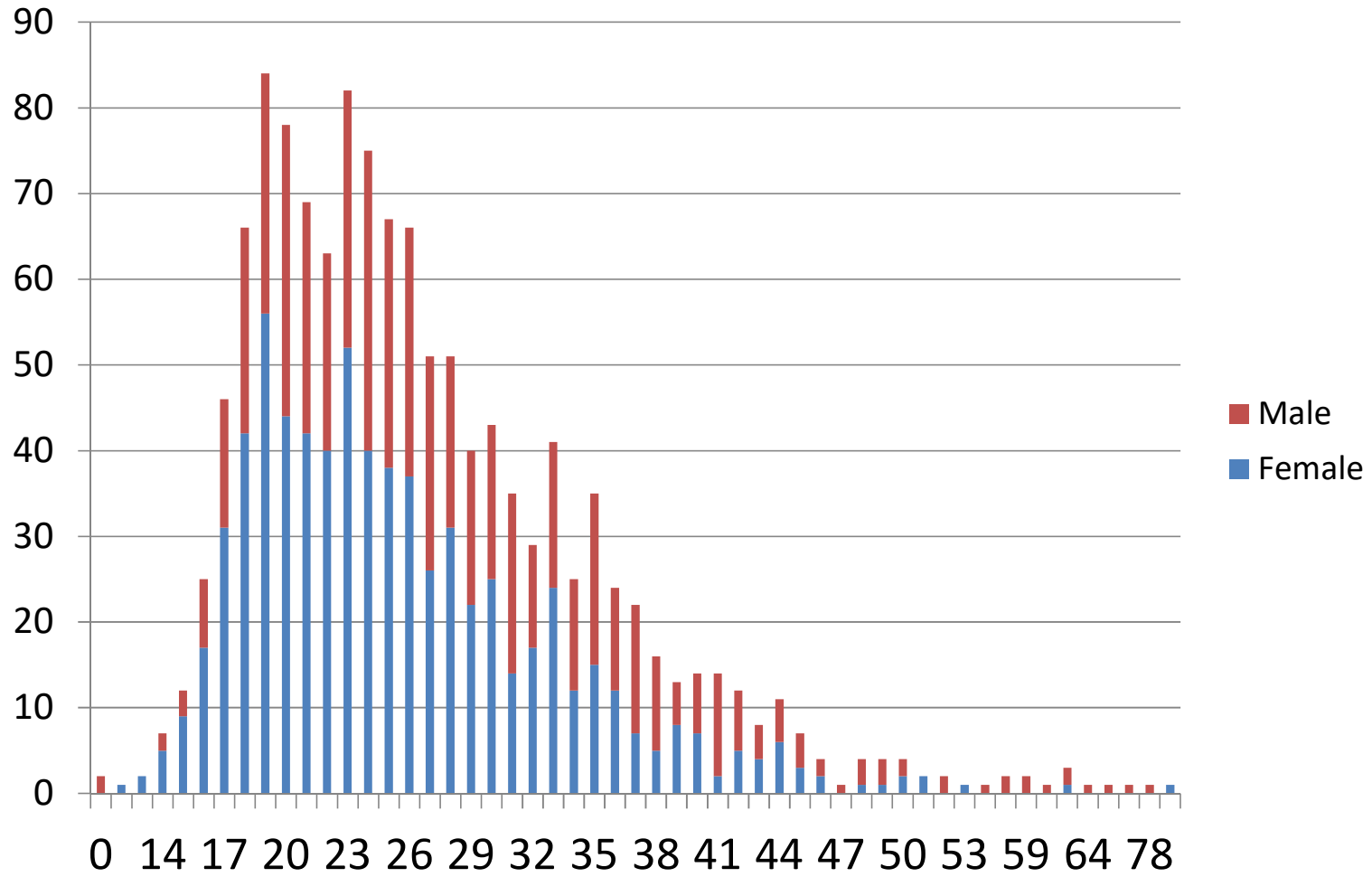
Gonorrhea 2017

Provisional Count = 1,272



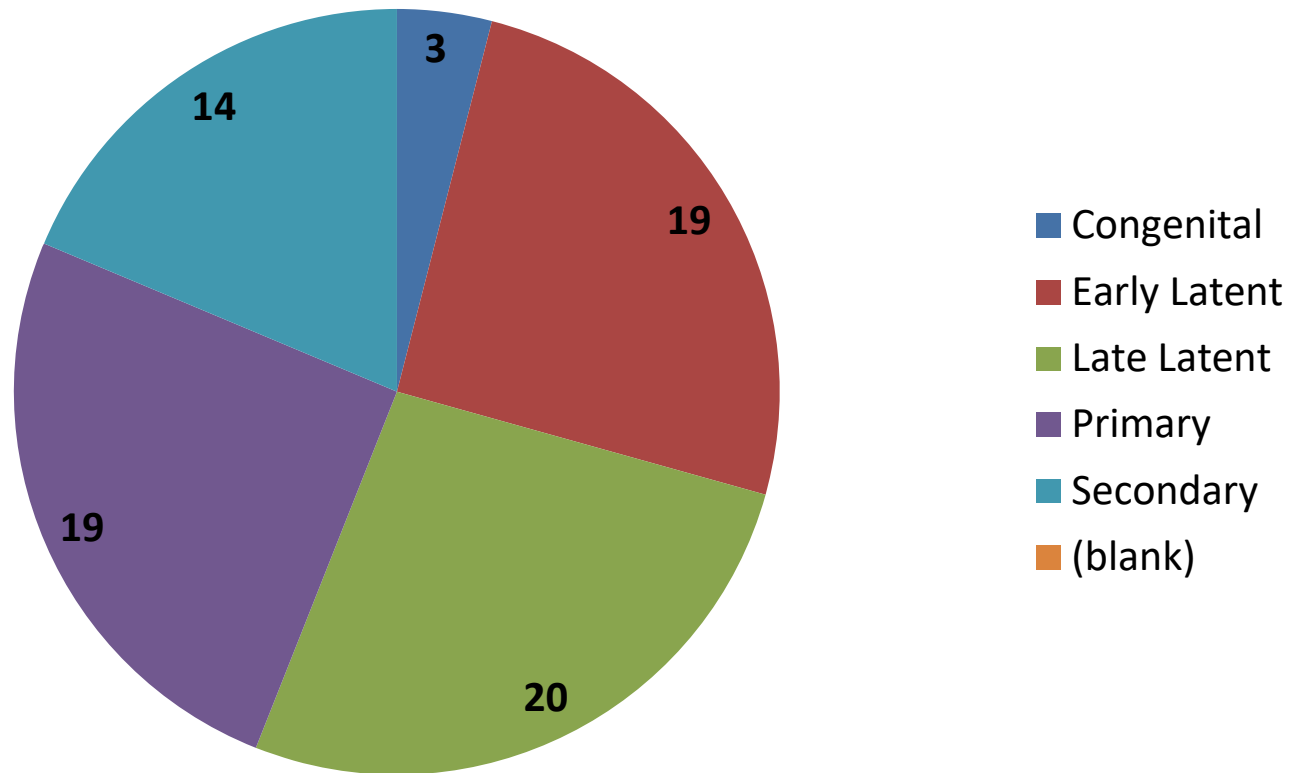
Gonorrhea 2017

Provisional Count = 1,272



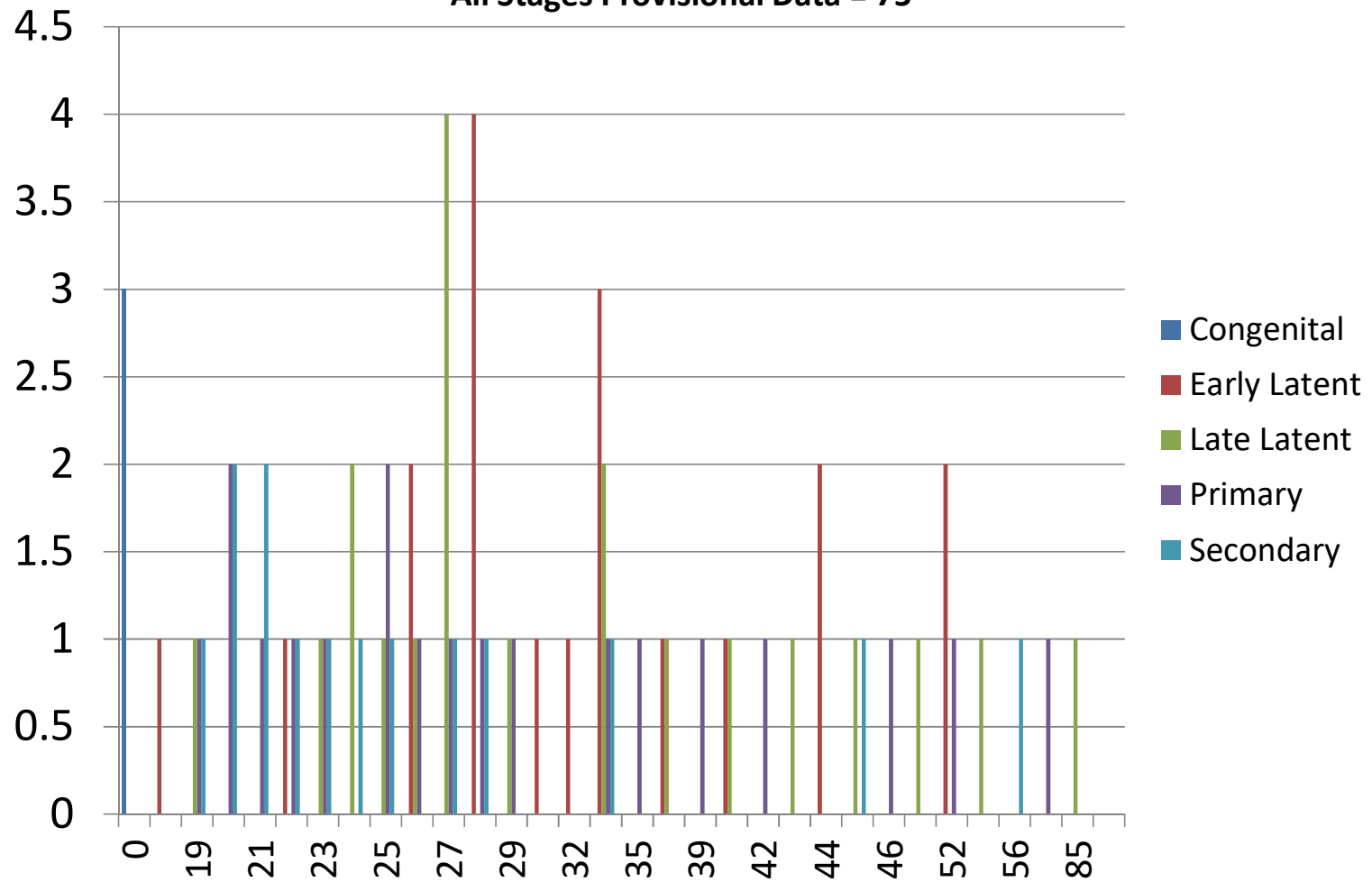
Syphilis 2017

All Stages Provisional Data = 75



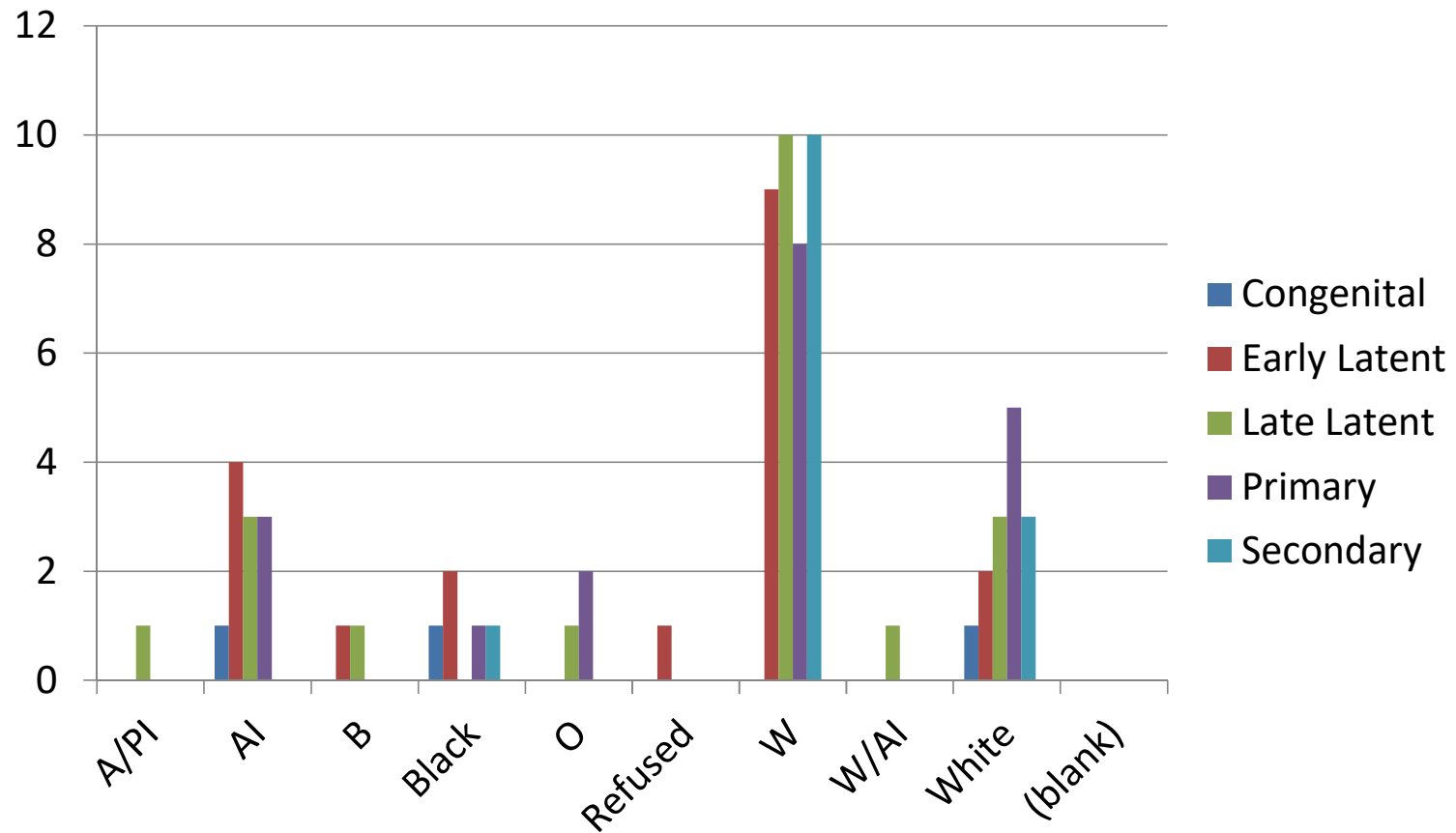
Syphilis 2017

All Stages Provisional Data = 75



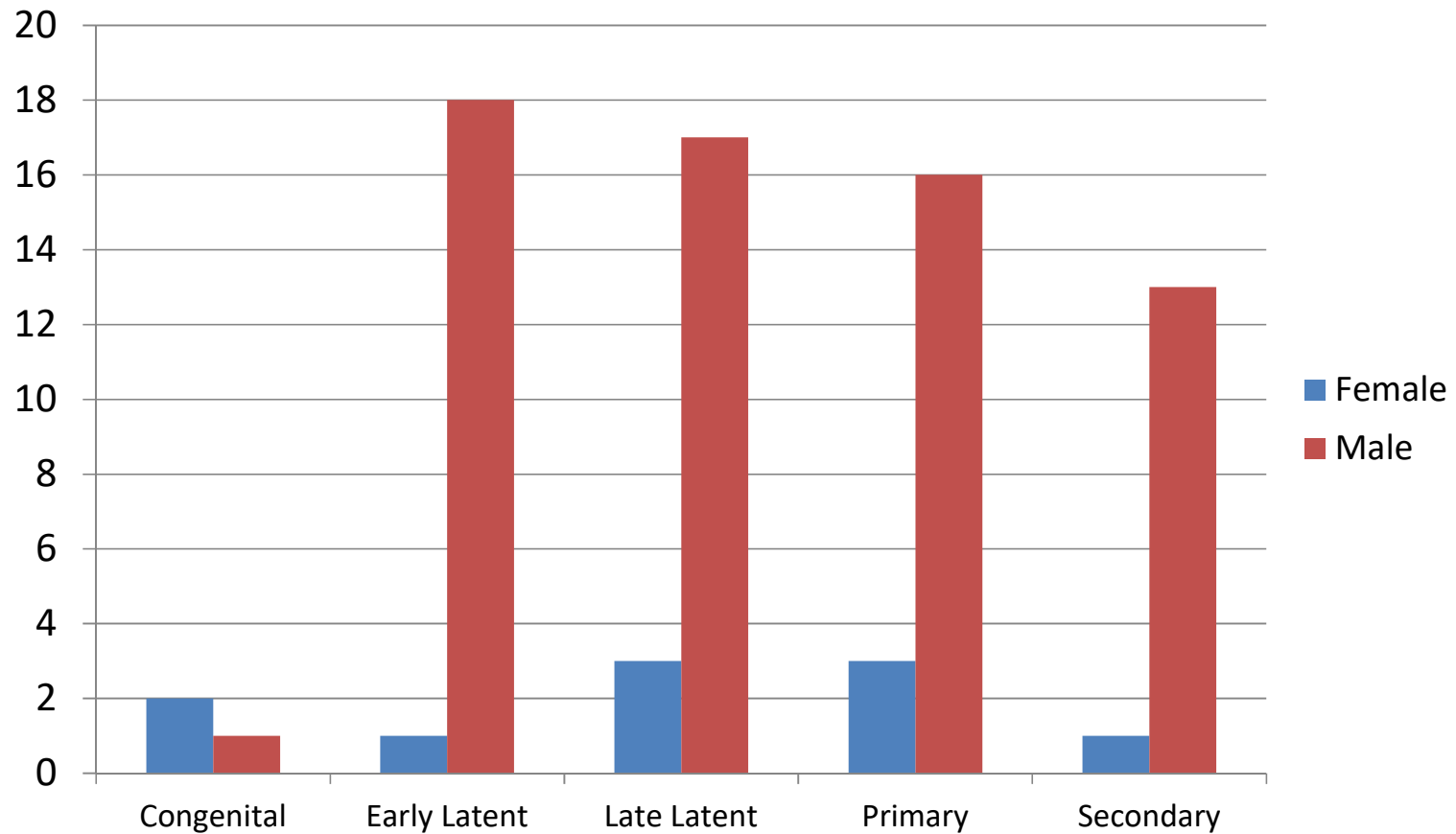
Syphilis 2017

All Stages Provisional Data = 75



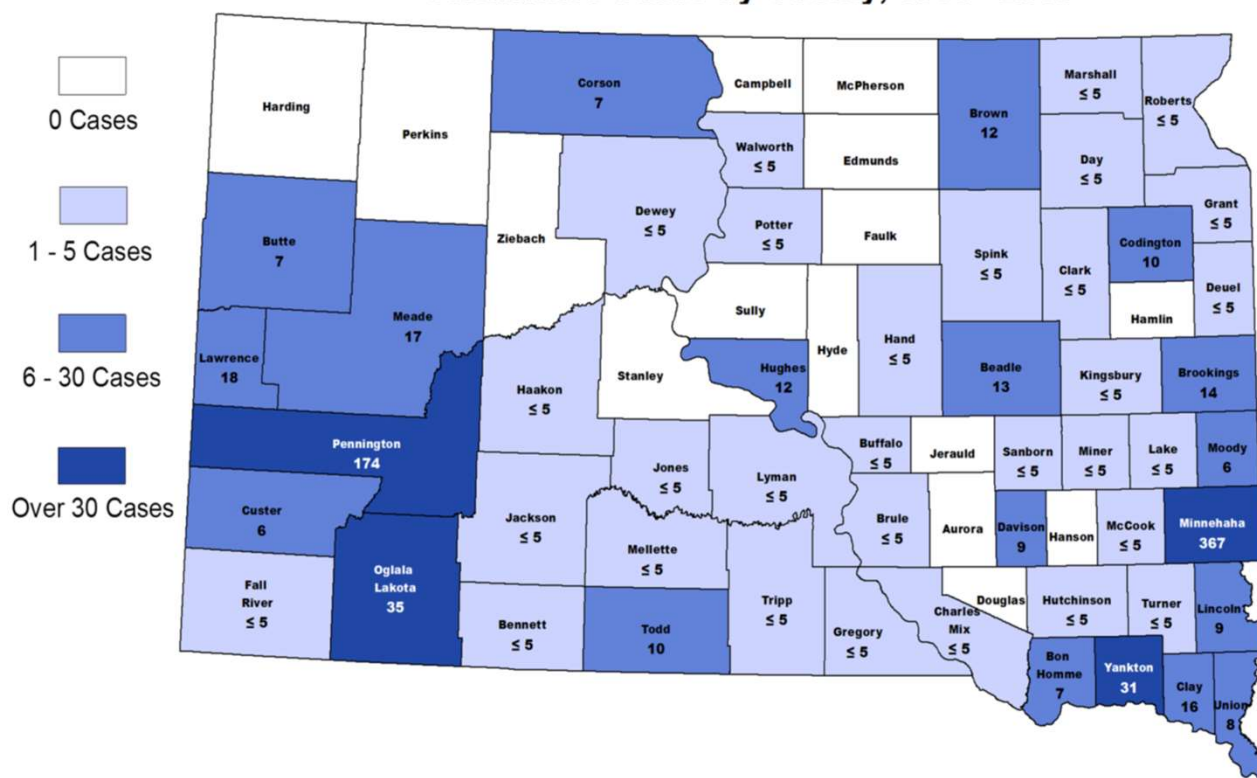
Syphilis 2017

All Stages Provisional Data = 75

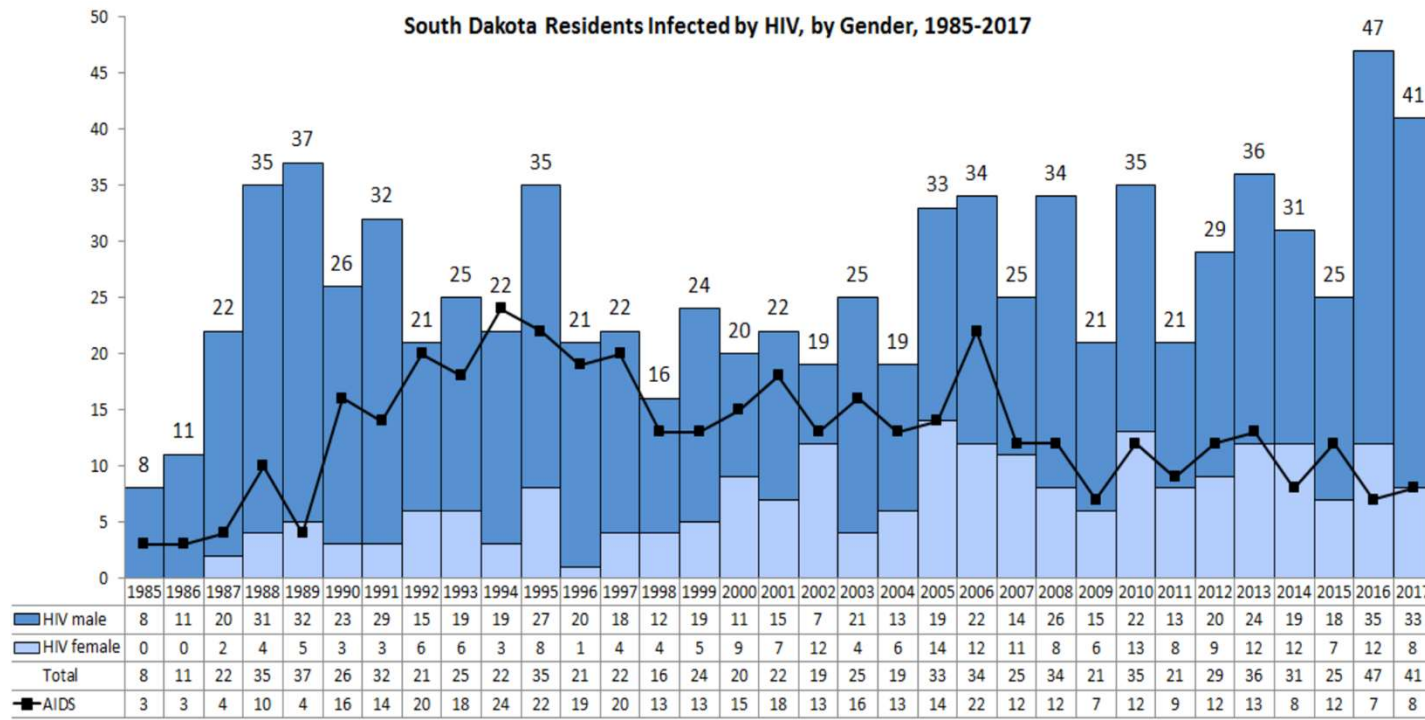


South Dakota HIV

South Dakota Residents Infected with HIV/AIDS:
Cumulative Cases by County, 1985 - 2017



South Dakota HIV



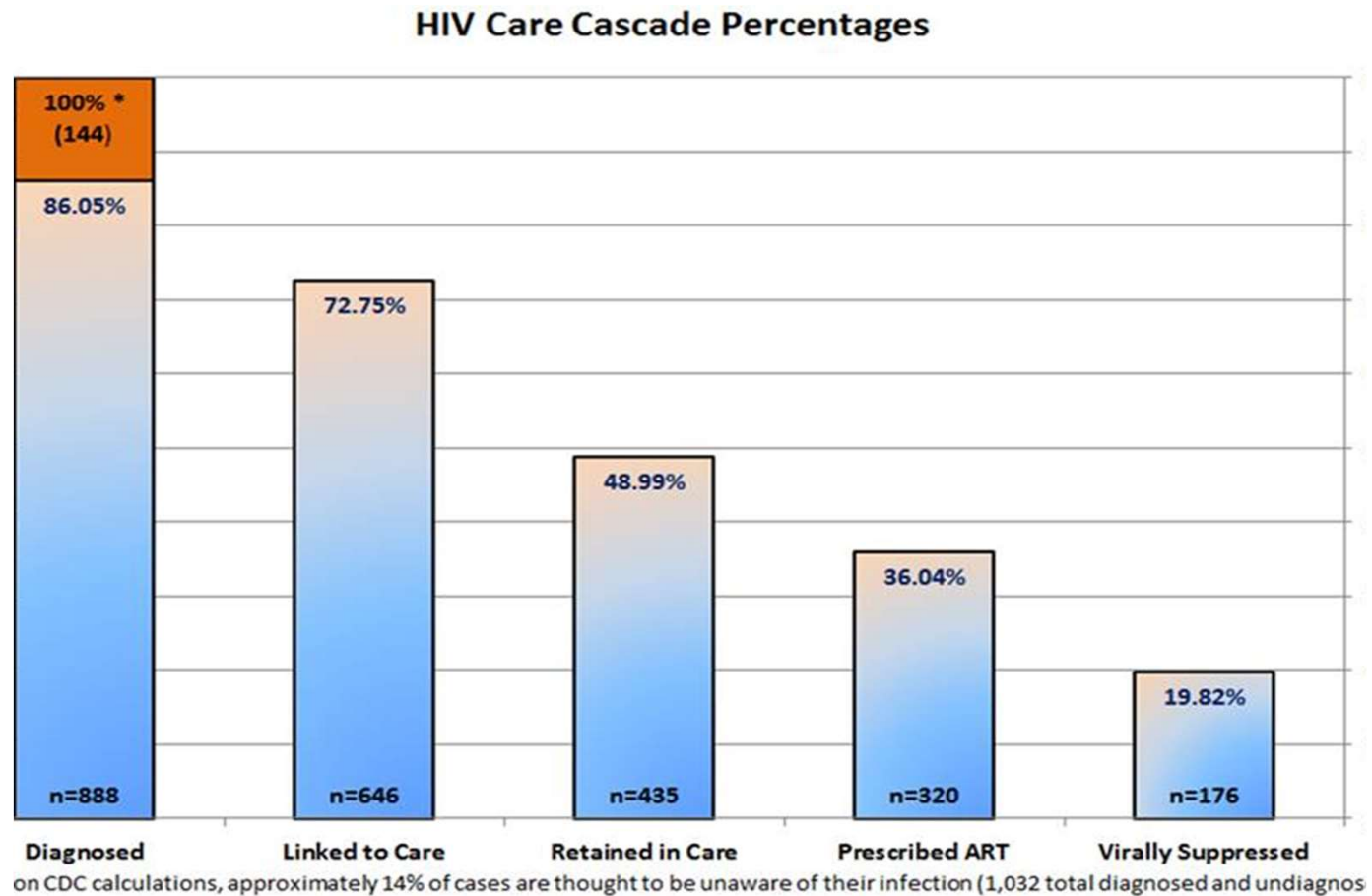
South Dakota HIV 2017

- 41 Cases
 - ❖ Female - 8
 - ❖ Male - 33
- Race
 - ❖ White – 18
 - ❖ American Indian – 11
 - ❖ Black – 7
 - ❖ Other - 5

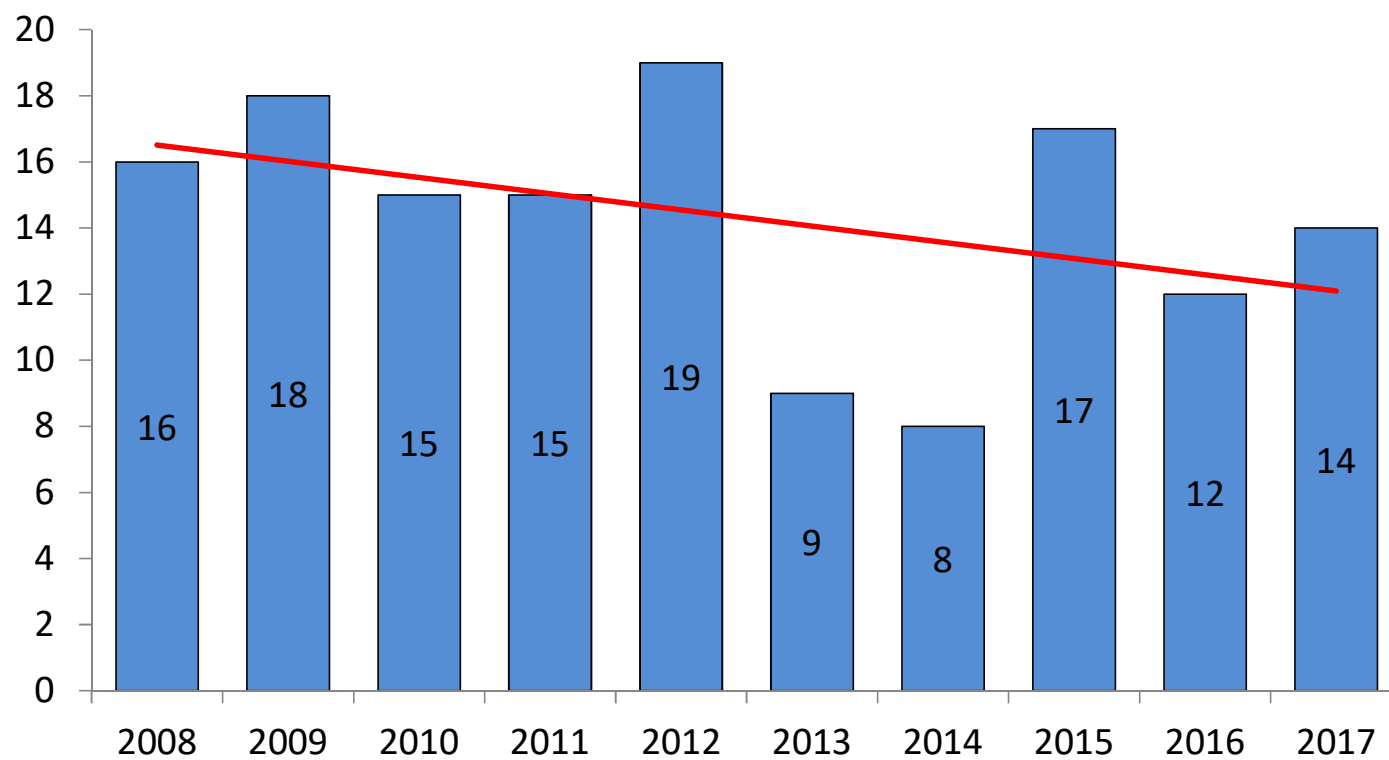
South Dakota HIV 2017

- Risk Factors
 - ❖ MSM – 23
 - ❖ HRH – 10
 - ❖ MSM/IDU – 5
 - ❖ IDU – 3
- A cluster of 4 cases was identified in the MSM/IDU population

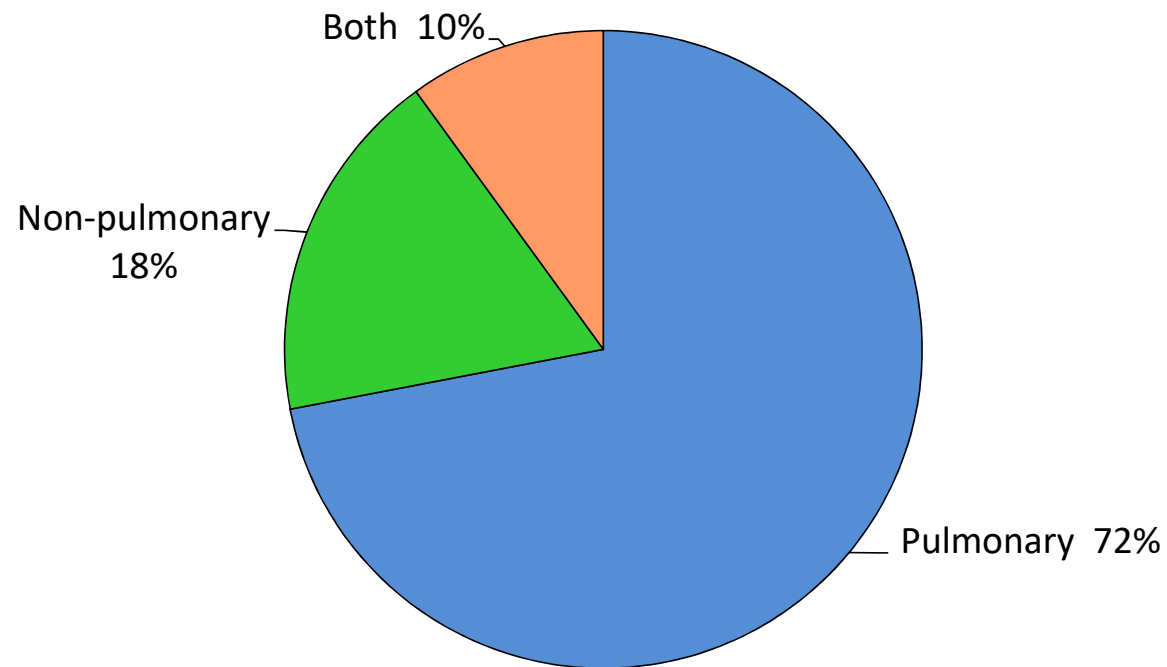
South Dakota Care Cascade



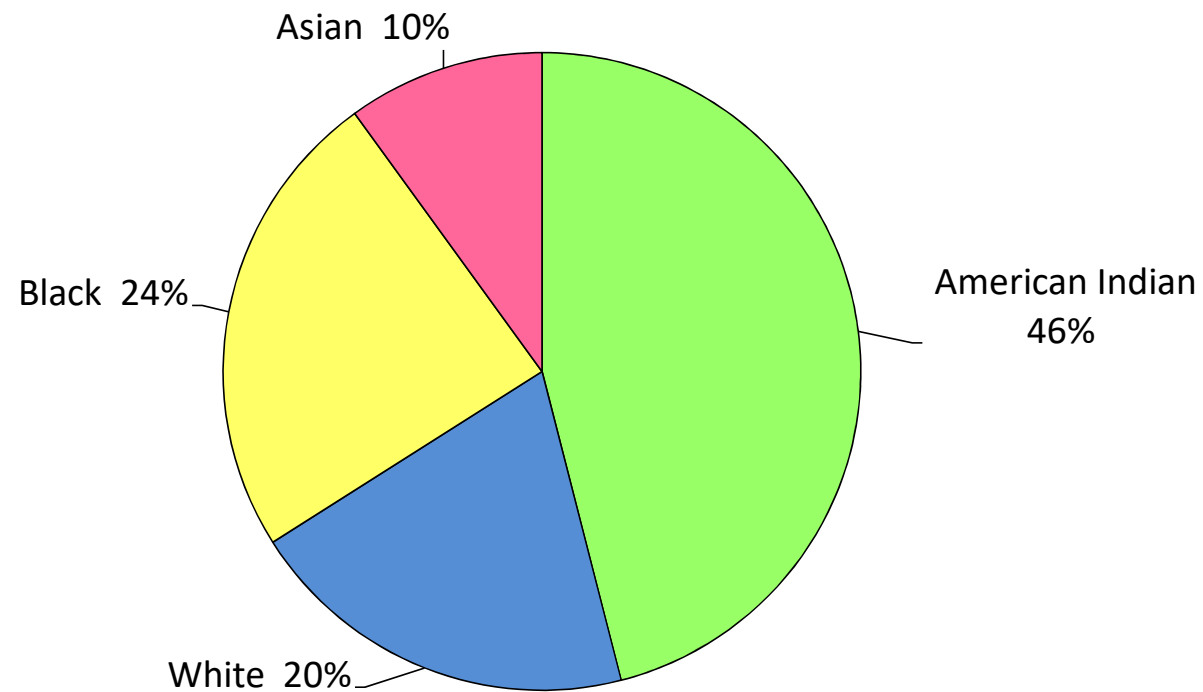
South Dakota TB Cases by Year 2008-2017



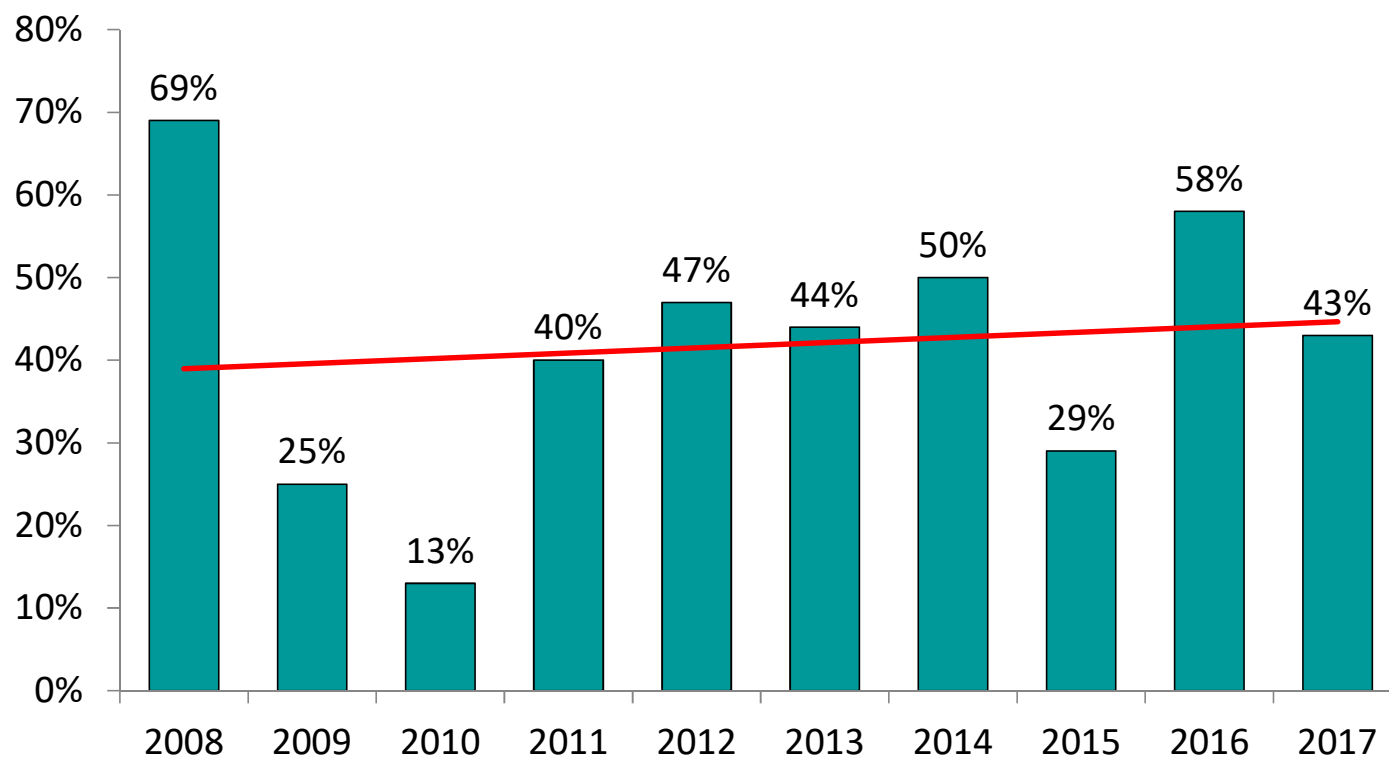
South Dakota TB Cases by Site of Disease 2008-2017



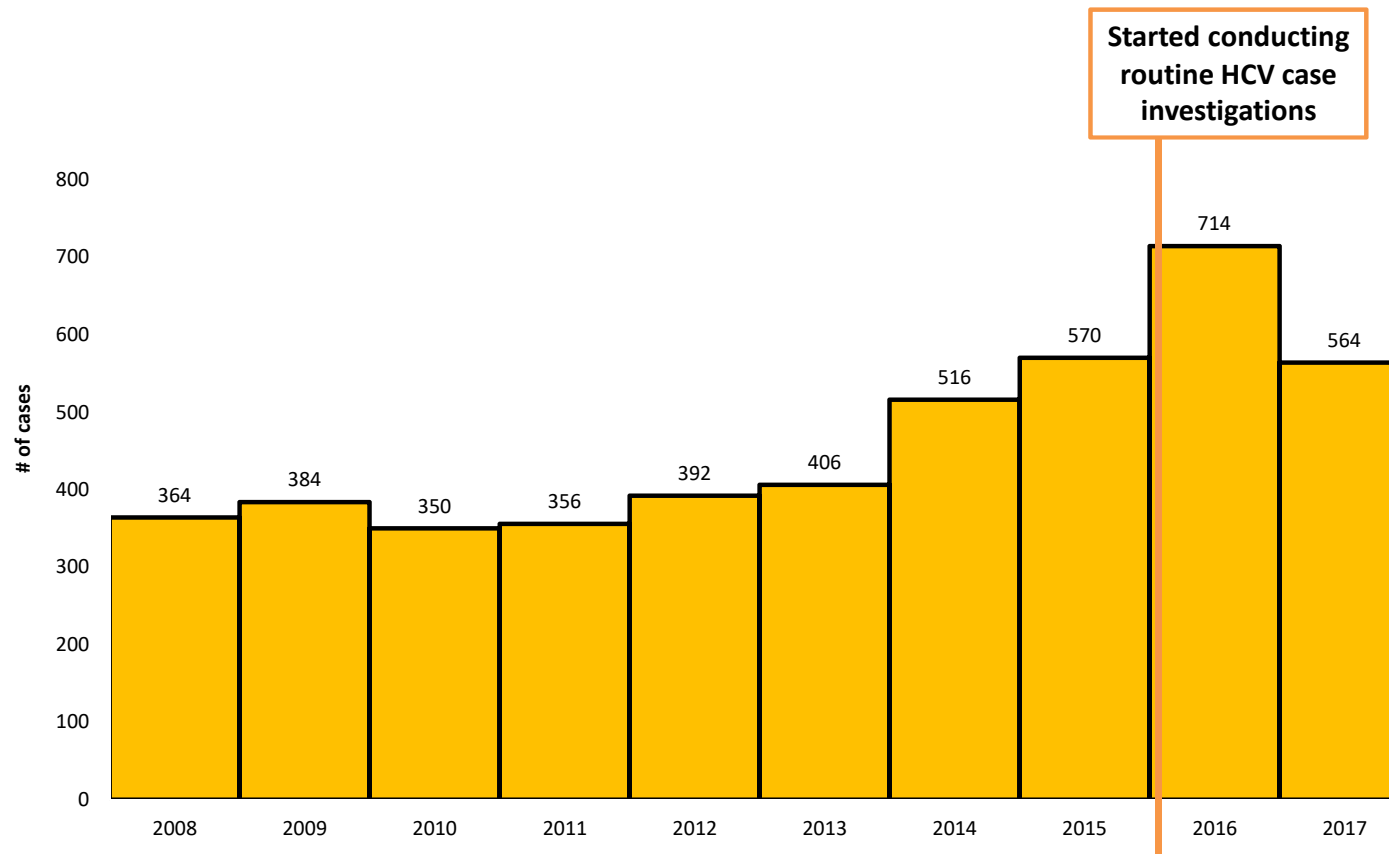
South Dakota TB Cases by Race 2008-2017



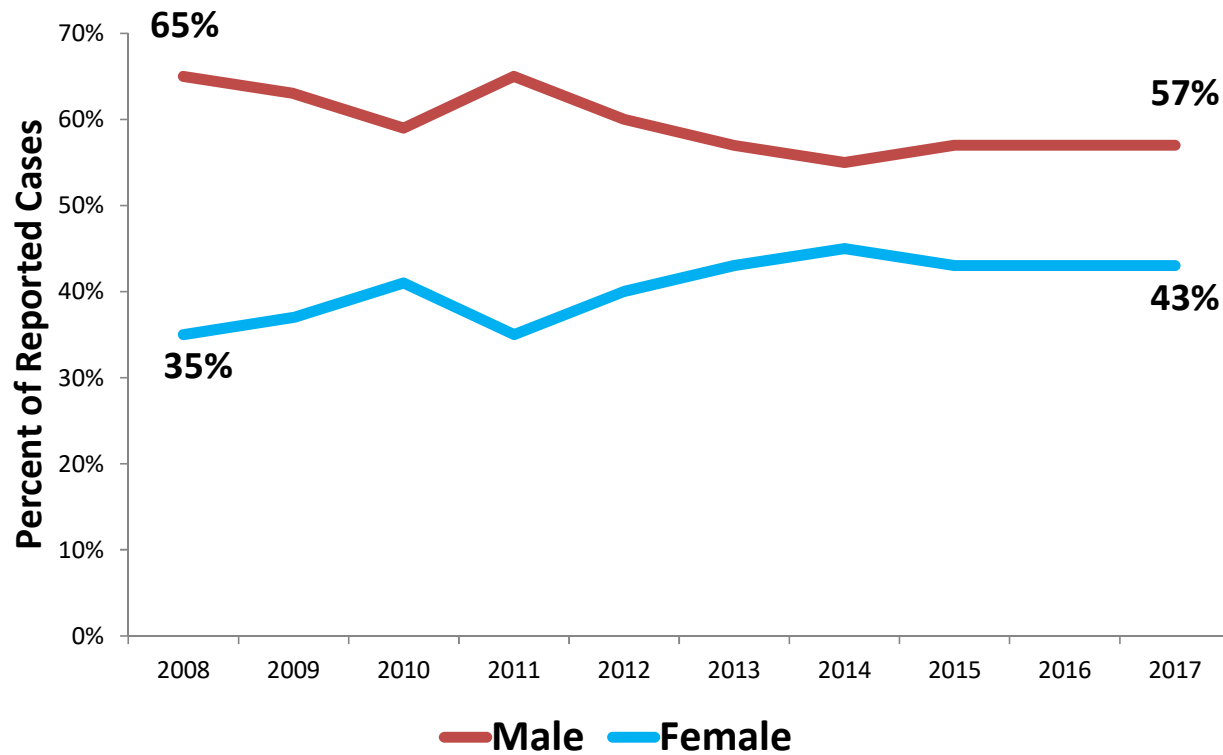
South Dakota Foreign-born TB Cases 2008-2017



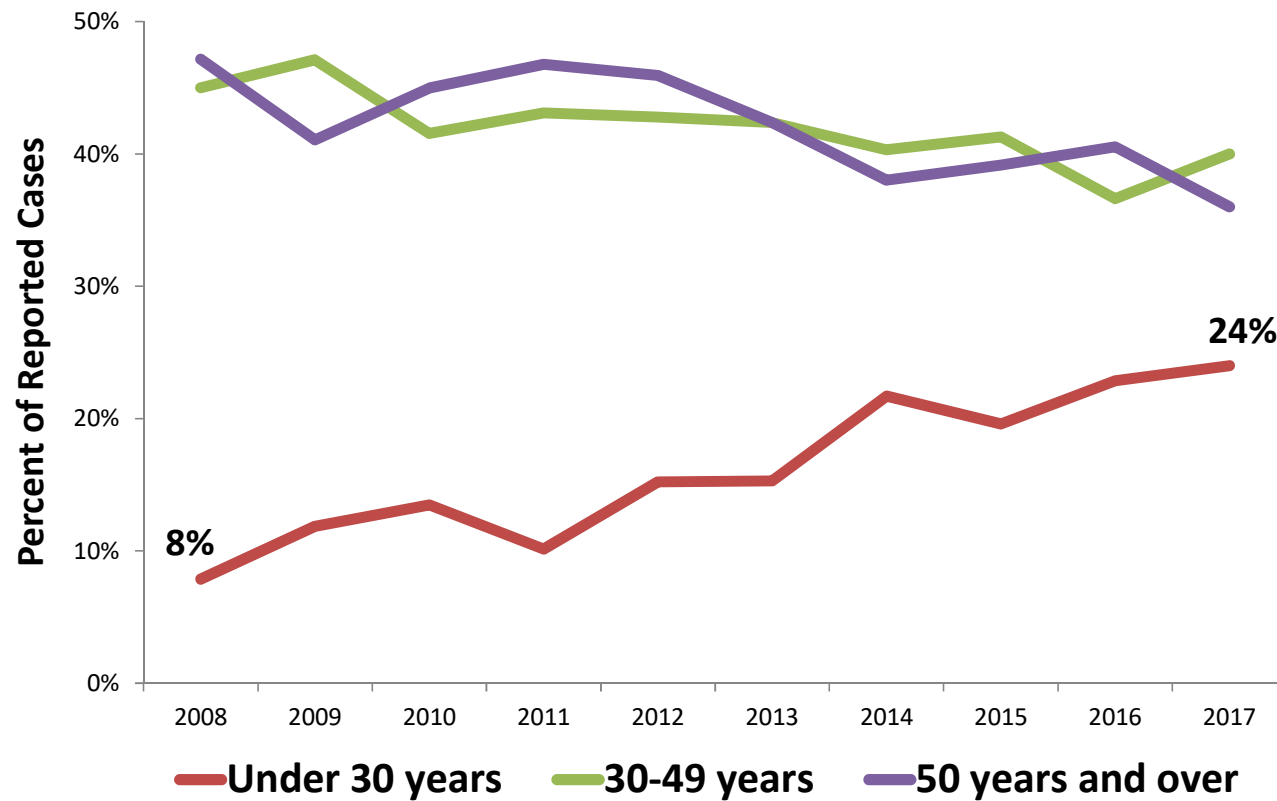
Chronic Hepatitis C, South Dakota 2008-2017



Chronic Hepatitis C, South Dakota 2008-2017: Who



Chronic Hepatitis C, South Dakota 2008-2017: Who



Acute Hepatitis C, South Dakota 2008-2017

Clinical Criteria

An illness with discrete onset of any sign or symptom consistent with acute viral hepatitis (e.g., fever, headache, malaise, anorexia, nausea, vomiting, diarrhea, and abdominal pain),

AND

(a) jaundice, OR

(b) a peak elevated serum alanine aminotransferase (ALT) level >200 IU/L during the period of acute illness

